

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157586	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/19/2015
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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING	STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902
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G 0000 Bldg. 00	<p>This was a federal Home Health recertification survey. This was an extended survey.</p> <p>Facility #: 011284</p> <p>Medicaid #: 200849420</p> <p>Survey Dates: November 5, 6, 9, 10, 12, 13, 16, 17, 18, and 19, 2015 Partial Extended Dates: November 6, 9, 10, 12, and 13, 2015 Extended Dates: November 16, 17, 18, and 19, 2015</p> <p>Census Service Type: Skilled: 4455 Home Health Aide Only: 0 Personal Care Only: 0 Total: 4455</p> <p>Sample: RR w/HV: 10 RR w/o HV: 10 Total: 20</p> <p>Great Lakes Caring is precluded from providing its own training and</p>	G 0000	Please accept this plan of correction as our credible allegation of compliance. Submission of this plan of correction does not indicate we agree with the findings noted throughout this survey report.	

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 0111 Bldg. 00	<p>competency evaluation program for a period of 2 years beginning November 19, 2015 to November 19, 2017, for being found out of compliance with the Conditions of Participation</p> <p>42 CFR 484.14 Organization, services, and administration; 484.18 Acceptance of Patients, Plan of Care, Medical Supervision; 484.20 Reporting OASIS information; 484.30 Skilled Nursing Services; 484.36 Home Health Aide Services; and 484.48: Clinical Records.</p> <p>484.10(d) CONFIDENTIALITY OF MEDICAL RECORDS The patient has the right to confidentiality of the clinical records maintained by the HHA. Based on record review and interview, the agency failed to ensure the confidentiality of medical records by allowing an acquired agency to provide services to 26 of 73 active patients listed on both the South Bend branch active</p>	G 0111	G 111 To ensure the confidentiality of medical records and compliance with 484.10(d) the following interventions have been implemented:	12/23/2015

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	<p>patient list and the acquired agency's active patient list (# 16, 26, 27, 28, 29, 30, 31, 31, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 51), for 1 of 1 record reviewed chosen from the parent agency's Outcome Assessment and Information Set (OASIS) report (# 16); and failed to ensure an arrangement or agreement was in place for the corporate office in Michigan to submit OASIS data to the State agency for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>2. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator</p>		<ul style="list-style-type: none"> ● As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. ● As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. ● As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. ● As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. ● As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. <p>A weekly audit to assure compliance with G 111 will be performed by the administrator/designee on 100%</p>		

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	<p>stated the acquired agency staff were Great Lakes employees. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency. The Administrator stated the revenue for those particular patients would go to the South Bend branch. The Administrator stated both agencies allocate speech therapist between them, but the acquired agency would not bill the patients. The Administrator stated the staff at the acquired agency did have access to the medical records of the patients they provide services for, even though the patients were also listed on the South Bend branch roster.</p> <p>A. The South Bend active roster was compared with the acquired agency's active list and cross referenced on 11/5 and 11/6/15. Patients listed on the South Bend active roster and also the acquired agency list included:</p> <p># 26, start of care date (SOC) 10/27/15 # 27, SOC 10/29/15 # 28, SOC 10/18/15 # 29, SOC 7/18/15 # 30, SOC 9/26/15 # 31, SOC 8/14/15</p>		of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)				

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	<p># 32, SOC 9/26/15 # 33, SOC 10/26/15 # 34, SOC 11/3/15 # 35, SOC 9/22/15 # 36, SOC 10/27/15 # 37, SOC 10/24/15 # 38, SOC 9/10/15 # 39, SOC 9/11/15 # 40, SOC 10/3/15 # 41, SOC 10/10/15 # 42, SOC 8/12/15 # 43, SOC 11/1/15 # 44, SOC 10/22/15 # 45, SOC 10/31/15 # 46, SOC 3/24/15 # 47, SOC 9/14/15 # 48, SOC 9/29/15 # 49, SOC 9/28/15 # 50, SOC 7/8/15, and # 51, SOC 9/26/15.</p> <p>B. During interview on 11/6/15 at 10:15 AM, the Administrator provided the South Bend only roster. The Administrator stated this roster was only the patients for whom South Bend provides care. This roster failed to evidence patients 26-51.</p> <p>3. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own Administrator and Clinical Supervisor, but she was also the Alternate</p>			

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	<p>Administrator for the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:30 AM, the Administrator stated since the staff at the acquired agency were all Great Lakes employees, there was not a violation of confidentiality of medical records. The Administrator stated the South Bend branch was approved for those counties before other provider number was acquired. The Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>5. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided services by the acquired agency.</p> <p>B. During interview on 11/16/15 at 12:05 PM, the Administrator stated</p>			

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	<p>patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>C. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational Therapy (OT) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>D. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>E. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24,</p>			

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	<p>4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>F. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p> <p>G. The record evidenced patient # 16 was provided OT services from the acquired agency on 4/2 by employee CC.</p> <p>6. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>7. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have an agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>8. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the</p>						

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	<p>clinical record."</p> <p>9. The agency's policy titled "Minimum Necessary Disclosures of Protected Health Information," # C-385, reviewed March 2015 stated, "Routine and recurring disclosures of health information 1. GLC has identified disclosures of health information it makes on a routine and recurring basis that are not related to treatment. 2. GLC has determined the minimum amount of heath information that is needed to achieve the purpose of these requests. ... Non-routine disclosures of health information ... 3. GLC relies on representations that the information requested is the minimum a mount necessary if the request if from a public official, a health care provider, a health plan, a professional providing service to GLC as a business associate, or a researcher (who provides appropriate documentation). ... Disclosures of entire medical records GLC does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented."</p> <p>10. The agency's policy titled "Clinical Record Confidentiality," # C-880, reviewed March 2015 stated, "1.</p>				

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	<p>Authorized users will be identified as: ...</p> <p>b. Staff members and contract staff providing and supervising client care."</p> <p>11. The agency's policy titled "Client/Family Rights & Responsibilities," # C-390, reviewed March 2015 stated, "Privacy and Security- You have the right to: ... Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home. ... State of Indiana Addendum: Sec. 3. (a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: ... (2) Maintain documentation showing it has complied with the requirements of this section. ... (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records."</p> <p>12. The agency's policy titled "Management of electronic Data," #</p>			

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	<p>B-435, reviewed March 2015 stated, "4. Physical Security. ... These procedures limit access to areas, which contain computer network equipment to those with a confirmed "need to know". ... 2. Data Security Policy. ... a. Scope. i. this policy applies to all data maintained or created by entities within the jurisdiction of GLC. This includes but is not limited to, data maintained within: 1. Branches supported by GLC information systems department. ... Basic Code of Computer Security Ethics 1. Every effort will be made to restrict access to data and facilities to those people with a need-to-know."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised,</p>			

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G 0121 Bldg. 00	484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."			

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	<p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on observation, interview, and record review, the agency failed to ensure all staff followed infection control guidelines for 6 of 10 home visit observations. (# 1, 4, 6, 7, 8, and 9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> During home visit for patient #1 on 11/10/15 at 9:30 AM, employee C, home health aide (HHA) failed to place her clinical bag on a barrier prior to placing it on the client's cushioned glider rocker chair. Employee C then proceeded to obtain vital signs including blood pressure, temperature, and pulse. Employee C failed to clean the blood pressure cuff prior to using and prior to placing back into bag. During home visit for patient #4 on 11/10/15 at 12:30 PM, employee E, licensed practical nurse, was observed changing 3 wet to dry wound dressings. <ol style="list-style-type: none"> During dressing change for the patient's arm wound, employee E failed to wash hands or use hand sanitizer after removing the old dressing and prior to donning new gloves, and after cleansing the wound and prior to applying Santyl. 	G 0121	<p>To ensure compliance with accepted professional standards 484.12(c) the following interventions have been implemented:</p> <ul style="list-style-type: none"> All skilled nursing staff received education by 12/24/15 on infection control and documentation requirements for wound care procedures. The education also included a hands on return demonstration in a skills lab for wound care, and infection control with wound care. All home health aides completed a mandatory in-service by 12/24/15 with review of policy N-120 bag technique, and policy N-100 Standard Infection Control Procedures for Home Care. The in-service included hands on demonstration by the home health aide staff for bag technique. All clinical staff were educated by 12/24/15 on policy N-120 bag technique and policy N-100, Standard Infection Control Procedures for Home Care with focus on cleaning equipment per procedure between patients, use of barrier and hand washing prior to and after all patient care. Clinical supervisors will complete onsite home supervisory visits with 10% of all direct care field staff monthly to visualize evidence that the proper infection control techniques and compliance with G 121 are 	12/24/2015

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	<p>B. During dressing change for the patient's hip wound, employee E failed to wash hands or use hand sanitizer after removing the old dressing and prior to donning new gloves, and after cleansing the wound and prior to applying Santyl.</p> <p>C. During dressing change for the patient's left toe wound, employee E failed to wash hands or use hand sanitizer after removing the old dressing and prior to donning new gloves, and after cleansing the wound.</p> <p>D. During interview on 11/10/15 at 1:30 PM, employee E stated she was not sure what the policy said about using hand sanitizer or wash hands in between glove changes.</p> <p>3. During home visit for patient # 6 on 11/12/15 at 9:30 AM, employee B, registered nurse, failed to clean the blood pressure cuff before and after obtaining vital signs, and prior to placing back into clinical bag.</p> <p>4. During home visit for patient # 7 on 11/12/15 at 10:30 AM, employee H, physical therapist, failed to clean the blood pressure cuff, thermometer, and pulse oximeter before and after obtaining vital signs, and prior to placing back into</p>		<p>followed until 100% compliance is met. Ongoing compliance will be completed through the annual onsite supervisory visit process. (Exhibit 2)</p>	

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	<p>clinical bag.</p> <p>5. During home visit for patient # 8 on 11/12/15 at 1:30 PM, employee I, HHA, failed to clean the blood pressure cuff before and after obtaining vital signs, and prior to placing back into clinical bag.</p> <p>6. During home visit for patient # 9 on 11/13/15 at 9:30 AM, employee J, physical therapy assistant, failed to clean the blood pressure cuff before and after obtaining vital signs, and prior to placing back into clinical bag.</p> <p>7. During telephone interview on 11/13/15 at 12:40 PM, the Administrator stated the agency policy for equipment is to wipe with alcohol in between patients, but the blood pressure cuff only needs to be washed daily unless it is visibly soiled. The Administrator stated staff should be using hand sanitizer or washing hands in between glove changes.</p> <p>8. The agency's policy titled "Bag Technique," # N-120, revised 5/6/11 stated, " The blood pressure cuff and gait belt are kept in a separate pocket and are cleaned with cavicide at the end of each day, and as necessary if items are soiled. All other reusable items removed from the bag should be cleaned with provided alcohol wipes before returning to the bag.</p>			

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	<p>Never return one time use items to the bag, even if not used such as gloves. ... when in a client's home, place the bag on a clean and dry surface."</p> <p>9. The agency's policy titled "Hand Washing," # N-130, revised 5/16/11 stated, "Note: The need for hand washing depends on the type, intensity, duration, and sequence of activities. ...Before and after handling dressings or touching open wounds."</p> <p>10. The agency's policy titled "Pressure Ulcer Dressing Change," # G-160, revised 12/18/2014 stated, "Procedure ... 4. Put on clean gloves and remove old dressing and discard. ... 6. Wash hands. ... 7. Don clean pair of gloves. ... 11. Cleanse wound bed. 12. Wash hands. ... 13. Don clean gloves."</p> <p>11. The agency's policy titled "Application of Wet-to-Dry dressing," # G-110, revised 12/18/14 stated, "1. Wash hands. ... 4. Don clean gloves. 5. Remove old dressing. ... 8. Wash hands. ... 10. Don clean gloves. ... 13. Wash hands. ... 14. Don clean gloves. ... 19. Remove gloves and dispose of waste. ... 20. Wash hands."</p> <p>12. The agency's policy titled "Standard Infection Control Procedures for Home</p>			

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G 0122 Bldg. 00	Care," # N-100, revised 5/16/11 stated, "1. Wash hands before and after client care and after removing gloves." 484.14 ORGANIZATION, SERVICES & ADMINISTRATION Based on record review, and interview, the agency failed to ensure accuracy of the organizational chart, and failed to ensure the acquired agency was not listed on the organizational chart for 1 of 1 agency (see G 123); failed to ensure the provision of care to 26 of 73 patients on South Bend branch active census was not delegated to an acquired agency for 1 of 1 patient record reviewed who received services by the acquired agency (see G 124); failed to ensure supervision of the South Bend branch patient care for 1 of 1 patient record reviewed who had received care from the acquired agency, and failed to ensure 26 of 73 active patients on the South Bend census were provided services from the South Bend branch (see G 125); failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure	G 0122	G 122 To ensure compliance with 484.14 Organization, Services and Administration the following interventions were implemented: G 123 ●□□□□□□□□ As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. ●□□□□□□□□ On 12/22/15 Policy B 125 Parent Agency Responsibilities, was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees. ●□□□□□□□□ ●□□□□□□□□ The administrator	12/24/2015

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	supervision of the South Bend branch to ensure it provided services directly to 26 of 73 active patients from the South Bend branch list for 1 of 1 patient record reviewed who received services from the acquired agency; failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure the Outcomes Assessment and Information Set (OASIS) data was submitted from the parent agency or branches; and failed to ensure an agreement or arrangement existed for the corporate office in Michigan to submit OASIS to the Indiana State agency for all the agency's patients eligible for OASIS data collection out of 4455 patients (see G 126); failed to ensure the provision of care to patients was not delegated to an acquired agency for 26 of 73 active patients listed on the South Bend branch census (see G 127); the administrator failed to ensure supervision of the agency's South Bend branch; failed to ensure the South Bend branch provided direct care for 26 of 73 patients listed on its active patient census; failed to ensure an agreement or agreement existed for the acquired agency to provide services for 26 of 73 patients listed on the South Bend branch census; and failed to ensure an agreement or agreement existed for the corporate office		<p>was educated on the revised Policy B 125 Parent Agency Responsibilities on 12/22/15.</p> <p>A weekly organization chart audit will be performed to assure compliance with G 122 by the administrator/designee to assure 100% compliance for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>=====</p> <p>=====</p> <p>=====</p> <p>G 124</p> <ul style="list-style-type: none"> • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • On 12/22/15 the Administrator, Directors and Clinical Supervisors were educated on Policies C 121 	

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	<p>in Michigan to submit OASIS data for all patients eligible for OASIS data collection to the State of Indiana for 1 of 1 agency (See G 133); the administrator failed to ensure home health aide skills competency checks included bathing patients for 4 of 5 Home Health Aide files reviewed; failed to ensure the filed skills competencies included transfer and range of motion for 2 of 5 files reviewed; and failed to ensure the acquired agency had an arrangement or agreement for the acquired agency provide HHA services for 4 of 73 patients with HHA services listed on the South Bend branch census (See G134); the administrator failed to ensure all employees had a physical prior to employment for 8 of 173 employee files reviewed; failed to ensure home health aide skills competency checks included bathing patients for 4 of 5 Home Health Aide files reviewed failed to ensure the HHA field skills competencies included transfer and range of motion for 2 of 5 files reviewed; and failed to ensure criminal background checks included the Indiana State Police Repository for 5 of 11 employee files reviewed (See G 141); failed to ensure the nurses communicated changes in length of Peripherally Inserted Central Catheter (PICC) line measurements to the physician for 1 of 1 record reviewed receiving PICC line management; failed to ensure all</p>		<p>Admission Policy and C 300 Clinical Supervision.</p> <p>A weekly audit to assure compliance with G 124 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>G 125</p> <ul style="list-style-type: none"> As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such 	

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	<p>disciplines ordered on referral were included on the plan of care and initiated timely for 1 of 20 records reviewed; and failed to ensure the Home Health Aide reported vital signs to the nurse as ordered on the aide care plan for 2 of 9 records reviewed receiving HHA services (See G 143); and failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure supervision of the South Bend branch to ensure it provided services directly to 26 of 73 active patients from the South Bend branch list for 1 of 1 patient record reviewed who received services from the acquired agency; failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure the OASIS data was submitted from the parent agency or branches; and failed to ensure an agreement or arrangement existed for the corporate office in Michigan to submit OASIS to the Indiana State agency for all the agency's patients eligible for OASIS data collection out of 4455 patients (See G 146).</p> <p>The cumulative effect of this systemic problem resulted in the agency being out of compliance with the Condition of</p>		<p>as PT, OT, SLP, SN, MSW and HHA.</p> <ul style="list-style-type: none"> • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • On 12/22/15 the Administrator, Directors and Clinical Supervisors were educated on Policies C 121 Admission Policy and C 300 Clinical Supervision. <p>A weekly audit to assure compliance with G 125 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>G 126:</p> <ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and 	

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	Participation 484.14 Organization, services, and administration and in the home health agency's inability to ensure the provision of quality health care in a safe environment.		<p>HHA</p> <ul style="list-style-type: none"> • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. • As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. • On 12/22/15 Policy B 125 Parent Agency Responsibilities, was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at 		

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			<p>least 1 of the qualifying services directly through agency employees.</p> <ul style="list-style-type: none"> • The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities, on 12/22/15. <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 126 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>A weekly audit to assure compliance with G 126 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>G 127</p> <ul style="list-style-type: none"> • On 12/22/15 Policy B 125 Parent Agency Responsibilities was updated to coincide with the new 	

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			<p>organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees.</p> <ul style="list-style-type: none"> •□□□□□□□ The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities on 12/22/15. •□□□□□□□ As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. •□□□□□□□ As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. •□□□□□□□ As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. •□□□□□□□ As of December 3rd 	

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			<p>2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor.</p> <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 127 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>A weekly audit to assure compliance with G 127 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>G 133</p> <ul style="list-style-type: none"> • As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. • On 12/22/15 Policy B 125 Parent Agency Responsibilities was updated to 	

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			<p>coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees.</p> <ul style="list-style-type: none"> • The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities, and on policy C300 Clinical Supervision, on 12/22/15. • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were 	

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			<p>discharged from the agency.</p> <ul style="list-style-type: none"> As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. The OASIS review and lock process was revised on 12/13/15 to have the specific provider number Clinical Supervisors or RNs review and lock their responsible areas OASIS. As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 133 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>A weekly audit to assure compliance with G 133 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after</p>	

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G 0123 Bldg. 00	484.14 ORGANIZATION, SERVICES & ADMINISTRATION Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. Based on record review, and interview, the agency failed to ensure accuracy of the organizational chart, and failed to ensure the acquired agency was not listed on the organizational chart for 1 of 1 agency.	G 0123	November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1) An audit will be performed weekly by the administrator/designee to assure 100% compliance with G 133 and the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks. After that 4 weeks of 100% compliance is obtained the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 4) G 123 To ensure compliance with 484.14 Organization, Services and Administration, the following interventions have been implemented: · As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number	12/24/2015	

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw. 2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. Twenty six (26) of seventy three (73) patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number. 3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency. 4. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014. 		<p>down to the patient care level.</p> <ul style="list-style-type: none"> · On 12/22/15 Policy B 125 Parent Agency Responsibilities was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees. · The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities on 12/22/15. A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 123 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3) 		

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	<p>5. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>6. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>7. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all</p>			

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G 0124 Bldg. 00	<p>services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>484.14 ORGANIZATION, SERVICES & ADMINISTRATION Administrative and supervisory functions are not delegated to another agency or organization. Based on record review, and interview, the agency failed to ensure the provision of care to 26 of 73 patients on South Bend branch active census was not delegated to an acquired agency for 1 of 1 patient record reviewed (# 16) who received services by the acquired agency.</p> <p>Findings include:</p> <p>1. The South Bend branch active patient census included 73 patients. Twenty six</p>	G 0124	G 124 To ensure compliance with 484.14 Organization, Services and Administration the following interventions have been implemented: · As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. · As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. · As of 12/23/15 – All	12/23/2015

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	<p>(26) were identified as having services provided to them by the acquired agency.</p> <p>2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list due to the acquired agency did not accept the insurance plans for those 26 patients. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is</p>		<p>'acquired agency's'patients were discharged from the agency. · On 12/22/15 the Administrator, Directors and Clinical Supervisors were educated on Policies C 121 Admission Policy and C 300 Clinical Supervision. An audit to assure compliance with G 124 will be performed by the administrator/designee on 100% of all new South Bend admissions with aSOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100%compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>	

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	<p>responsible for the day to day scheduling of staff and over seeing care provided for the patients on the South Bend census.</p> <p>5. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>6. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>7. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and</p>			

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	<p>implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>8. The agency's policy titled "Admission Policy," # C-121, reviewed March 2015 stated, "Criteria for Client Admission: ... 2. The client must live in the geographic area served by GLC, exceptions may be made by local leadership for those referrals living slightly outside of our service area dependent upon branch staffing levels and ability to meet patient needs."</p> <p>9. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the</p>			

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G 0125	484.14 requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."			

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Bldg. 00	<p>ORGANIZATION, SERVICES & ADMINISTRATION</p> <p>All services not furnished directly, including services provided through subunits are monitored and controlled by the parent agency.</p> <p>Based on record review, and interview, the parent agency failed to ensure supervision of the South Bend branch patient care for 1 of 1 patient record reviewed who had received care from the acquired agency (# 16), and failed to ensure 26 of 73 active patients on the South Bend census were provided services from the South Bend branch.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list due to the acquired agency did not accept the insurance plans for those 26 patients. The Administrator stated that the acquired agency had its own provider number. 2. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the 	G 0125	<p>G 125 To ensure compliance with 484.14 Organization, Services and Administration, the following interventions have been implemented:</p> <ul style="list-style-type: none"> · As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. · As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. · As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. · As of 12/23/15 – All 'acquired agency's'patients were discharged from the agency. · On 12/22/15 the Administrator, Directors and Clinical Supervisors were educated on Policies C 121 Admission Policy and C 300 Clinical Supervision. An audit to assure compliance with G 125 will be performed by the 	12/23/2015

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	<p>South Bend patients.</p> <p>3. During interview on 11/6/15 at 11:12 AM, the Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>4. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>5. The South Bend branch census included 26 of 73 active patients, 26 were identified as also being listed on the acquired agency census.</p> <p>6. During interview on 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains all the records and supervision of the patients they provide services to which are also listed on the South Bend patient list, and patient # 16 was managed out of the acquired agency.</p> <p>7. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p>		<p>administrator/designee on 100% of all new South Bend admissions with aSOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100%compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>				

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G 0126 Bldg. 00	<p>8. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>484.14 ORGANIZATION, SERVICES & ADMINISTRATION If an agency has subunits, appropriate</p>			

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	<p>administrative records are maintained for each subunit.</p> <p>Based on record review, and interview, the parent agency failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure supervision of the South Bend branch to ensure it provided services directly to 26 of 73 active patients from the South Bend branch list for 1 of 1 patient record reviewed who received services from the acquired agency (# 16); failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure the Outcomes Assessment and Information Set (OASIS) data was submitted from the parent agency or branches; and failed to ensure an agreement or arrangement existed for the corporate office in Michigan to submit OASIS to the Indiana State agency for all the agency's patients eligible for OASIS data collection out of 4455 patients.</p> <p>Findings include:</p> <p>1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw.</p>	G 0126	<p>G 126 To ensure compliance with 484.14 Organization, Services and Administration, the following interventions were implemented:</p> <ul style="list-style-type: none"> · As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. · As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. · As of 12/23/15 – All 'acquired agency's'patients were discharged from the agency. · As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. · As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. · As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. 	12/23/2015

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	<p>2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for</p>		<p>· On 12/22/15 Policy B 125 Parent Agency Responsibilities was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees. · The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities on 12/22/15. A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 126 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3) An audit to assure compliance with G 126 will be performed by the administrator/designee on 100% of all new South Bend admissions with aSOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>	

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	<p>the patients.</p> <p>5. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>6. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided most services by the acquired agency.</p> <p>B. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational</p>				

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	<p>Therapy (OT) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>C. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>D. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>E. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p> <p>F. The record evidenced patient # 16 was provided OT services from the acquired agency on 4/2 by employee CC.</p> <p>7. The agency's policy titled "Parent</p>				

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G 0127 Bldg. 00	<p>Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>484.14(a) SERVICES FURNISHED Part-time or intermittent skilled nursing</p>			

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	<p>services and at least one other therapeutic service (physical, speech or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of the qualifying services directly through agency employees, but may provide the second qualifying service and additional services under arrangements with another agency or organization.</p> <p>Based on record review, and interview, the agency failed to ensure the provision of care to patients was not delegated to an acquired agency for 26 of 73 active patients listed on the South Bend branch census.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw. 2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list due to the acquired agency did not accept the insurance plans for those 26 patients. The Administrator stated that the acquired agency had its own provider number. 	G 0127	<p>G 127 To ensure compliance with 484.14(a) Services Furnished, the following interventions were implemented:</p> <ul style="list-style-type: none"> · As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. · On 12/22/15 Policy B 125 Parent Agency Responsibilities was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees. · The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities on 12/22/15. · As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and 	12/23/2015

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	<p>3. The South Bend branch census included 26 of 73 active patients, 26 were identified as active patients being provided services by the acquired agency.</p> <p>4. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>5. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>6. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>7. The agency's policy titled "Parent</p>		<p>Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA · As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. · As of 12/23/15 – All 'acquired agency's'patients were discharged from the agency. · As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 127 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3) An audit to assure compliance with G 127 will be performed by the administrator/designee on 100% of all new South Bend admissions with aSOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100%compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>		

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G 0133	484.14(c) Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."				

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Bldg. 00	<p>ADMINISTRATOR</p> <p>The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff.</p> <p>Based on record review, and interview, the administrator failed to ensure supervision of the agency's South Bend branch; failed to ensure the South Bend branch provided direct care for 26 of 73 patients listed on its active patient census; failed to ensure an agreement or agreement existed for the acquired agency to provide services for 26 of 73 patients listed on the South Bend branch census; and failed to ensure an agreement or agreement existed for the corporate office in Michigan to submit Outcome Assessment and Information Set (OASIS) data for all patients eligible for OASIS data collection to the State of Indiana for 1 of 1 agency.</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw. 2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients 	G 0133	<p>G 133</p> <p>To ensure compliance with 484.14(c) Administrator, the following interventions were implemented:</p> <ul style="list-style-type: none"> • As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. • On 12/22/15 Policy B 125 Parent Agency Responsibilities was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll, but must provide at least 1 of the qualifying services directly through agency employees. • The Administrator was educated on the revised Policy B 125 Parent Agency Responsibilities, and on policy C300 Clinical Supervision, on 12/22/15. 	12/23/2015			

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	<p>were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>5. During interview on 11/6/15 at 11:30</p>		<ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • The OASIS review and lock process was revised on 12/13/15 to have the specific provider number Clinical Supervisors or RNs review and lock their responsible areas OASIS. • As of November 6th 2015, a contractual arrangement was secured between the Great 		

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	<p>AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>6. The South Bend branch census included 26 of 73 active patients, 26 were identified as being provided services the acquired agency.</p> <p>7. During interview on 11/5/15 at 12:15 PM, the Administrator stated the agency does not do look behind OASIS evaluations to see if the clinician OASIS data is accurate and if the agency gets the same scores.</p> <p>8. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>9. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>10. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal</p>		<p>Lakes Caring Corporate office and the agency to submit OASIS data to the state.</p> <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance with G 133 for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>An audit to assure compliance with G 133 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>An audit will be performed weekly by the administrator/designee to assure 100% compliance G 133 in regards to the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks.</p>				

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	<p>regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>11. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p>		<p>After that 4 weeks of 100% compliance is obtained the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 4)</p>		

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	<p>12. The agency's job description titled "Executive Director," dated 4/14/15 and signed by the Administrator stated, "Management: 2.0 Supervises and provides direction to agency personnel in an effort to ensure quality and continuity of services. ... 2.8 Assists departments in assuring compliance with requirements of state for Medicare certification through coaching policy and procedure development, staff education and monitoring activities. ... 2.10 Assists departments in assuring all agency policies and procedures are adhered to by staff at all branch locations as applicable."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee</p>			

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G 0134 Bldg. 00	<p>performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."</p> <p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations. Based on record review, and interview, the administrator failed to ensure home health aide (HHA) skills competency</p>	G 0134	G 134 To ensure compliance with 484.14(c) Administrator, the following interventions have been	12/22/2015			

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	<p>checks included bathing patients for 4 of 5 Home Health Aide (HHA) files reviewed (C, I, N, and P); failed to ensure the filed skills competencies included transfer and range of motion (ROM) for 2 of 5 files reviewed (I and N); and failed to ensure the acquired agency had an arrangement or agreement for the acquired agency provide HHA services for 4 of 73 patients with HHA services listed on the South Bend branch census.</p> <p>Findings include:</p> <p>1. Employee file C, a HHA, date of hire 4/2/12, first patient contact date 4/7/12, failed to evidence the skills competency was observed providing care for a patient.</p> <p>A. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 4/4/12 stated "Where Observed: Lab."</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/11/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>2. Employee file N, HHA, date of hire 5/12/14, first patient contact date 5/17/14,</p>		<p>implemented:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Beginning September 21, 2015 the skills competency check offs included bathing patient, transfer, and range of motion as well as all other required skills. • <input type="checkbox"/> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA • <input type="checkbox"/> On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include: how and where the skill was performed, that the skill was performed on a patient, the employee who observed these skills, as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015. <p>An audit will be performed by the administrator/designee of 100%</p>		

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	<p>failed to evidence the skills competency was observed providing care for a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 5/13/14, failed to evidence bathing was observed and competencied.</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/2/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>3. Employee file P, HHA date of hire 5/26/15, first patient contact date 5/31/15, failed to evidence the skills competency was observed providing care for a patient. The document titled "Skills Checklist Assignment Detail," dated 5/26/15 failed to evidence how and where the skills were evaluated and failed to evidence they were performed on a patient.</p> <p>4. Employee file I, HHA, date of hire 10/15/12, first patient contact date 10/20/12, failed to evidence bathing was completed/observed being performed on a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for</p>		<p>of all new home health aides hired on or after December 21, 2015 to ensure compliance with G 134 and that the Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. The audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p>		

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	<p>Home Health Aide (CHC)," dated 11/7/12, failed to evidence bathing was observed and competenced.</p> <p>B. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 10/16/12 stated "Where Observed: Lab."</p> <p>5. Employee file S, HHA, date of hire 9/21/15, first patient contact date 9/26/15, failed to evidence the skills competency was observed providing care for a patient.</p> <p>A. The document titled "Skills Checklist Assignment Detail," dated 9/22/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>6. During interview on 11/19/15 at 1:35 PM, employee T, the RN Educator, stated they do HHA skills checks for on-boarding in the lab at the office, then the next day the HHA is sent with an RN to be checked off out in the field. Employee T indicated they do a bed bath with a mannequin in the lab and verbally discuss giving a shower.</p> <p>7. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does not have filed competency check off</p>			

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	<p>sheets for bathing for employees C, I, N, and R, due to there was a process change with how things are being done.</p> <p>8. During interview on 11/19/15 at 2:05 PM, the Administrator stated "the orientation list that does not have the baths on it was prompted from similar requirements in another state. The Administrator indicated the criminal background check company was called and they said the ISPR is included in the search.</p> <p>9. During interview on 11/19/15 at 2:30 PM, employee T indicated the annual skills competencies are performed in the lab with the mannequin.</p> <p>10. The agency's job description titled "Home Health Aide," revised 6/6/14 stated, "Job Qualifications: Education: 1. a State-established or other Home health Aide training program that meets the requirements of 42 CFR 484.36 (a) and a competency evaluation program, or 2. a State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) within the past 24 months, or 3. a competency evaluation program or State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) with in the last 24 months. Otherwise, must successfully complete a Home</p>			

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	<p>Health Aide training and competency evaluation program prior to providing direct patient care."</p> <p>11. The agency's job description titled "Executive Director," dated 4/14/15 and signed by the Administrator stated, "Management: 2.0 Supervises and provides direction to agency personnel in an effort to ensure quality and continuity of services. ... 2.8 Assists departments in assuring compliance with requirements of state for Medicare certification through coaching policy and procedure development, staff education and monitoring activities. ... 2.10 Assists departments in assuring all agency policies and procedures are adhered to by staff at all branch locations as applicable."</p> <p>12. The agency's job description titled "Clinical Supervisor," dated 7/20/12 stated, "Coordination of services: ... 2.4 Provides education and training related to clinical practice issues and regulation and reimbursement changes. ... Supervision Supervises and provides clinical direction to the Registered Nurse, Licensed Practical Nurse, Therapist, Home Health Aide, & office staff to ensure quality and continuity of services provided. ... 3.6 Assures compliance with the requirements of State licensure, Medicare</p>			

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G 0141 Bldg. 00	certification, and any other applicable oversight agencies through policy and procedure development, staff education, and ongoing monitoring activities." 484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. Based on record review, and interview, the administrator failed to ensure all employees had a physical prior to employment for 8 of 173 employee files reviewed (C, E, M, N, O, Q, R, and S); failed to ensure home health aide (HHA) skills competency checks included bathing patients for 4 of 5 Home Health Aide (HHA) files reviewed (C, I, N, and P); failed to ensure the HHA field skills competencies included transfer and range	G 0141	G 141 To ensure compliance with 484.14(e) Personnel Files, the following interventions have been implemented: •□□□□□□□ The training schedule for all employees who will have direct patient contact is updated to include the date of first patient contact. Communication of this date by the education department will ensure that	12/23/2015

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	<p>of motion (ROM) for 2 of 5 files reviewed (I and N); and failed to ensure criminal background checks included the Indiana State Police Repository (ISPR) for 5 of 11 employee files reviewed (E, N, O, R, and S).</p> <p>Findings include:</p> <ol style="list-style-type: none"> During interview on 11/19/15 at 12:20 PM, employee L, Human Resources, stated the agency does not keep track of official first patient care dates, as the employees are usually in the office for orientation and skills lab for approximately a week, so they just say first patient contact date is 5 days after date of hire. Employee file C, a HHA, date of hire 4/2/12, first patient contact date 4/7/12, failed to evidence the skills competency was observed providing care for a patient; and failed to evidence a physical. <ul style="list-style-type: none"> A. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 4/4/12 stated "Where Observed: Lab." B. The document titled "Skills Checklist Assignment Detail," dated 6/11/15 failed to evidence how and where the annual skills were evaluated and 		<p>employees will have the required physical examination by a physician or nurse practitioner prior to the employee's first patient contact date. This date will be recorded in the employee personnel file for all employees hired on or after 12/23/2015 by the human resources department.</p> <ul style="list-style-type: none"> • All employees hired on or after 12/23/2015 shall have a physical examination by a physician or Nurse Practitioner that documents that the employee will not spread infectious or communicable diseases to patients. This physical examination will be documented and certified by the physician or nurse practitioner on the Certificate of Employee Physical Examination form. • As of 12/23/2015, all education and human resources staff have been educated on the new process and human resources staff have also been educated on the state addendum in Policy D-240. • As of 12/23/2015, the personnel records of all employees who deliver home health services shall include documentation of a limited criminal history from the Indiana central repository for criminal 				

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	<p>failed to evidence they were performed on a patient.</p> <p>C. The file contained a letter dated 4/2/12 from a physician that stated "[employee C] demonstrates no clinical history or physical exam that would suggest a communicable disease."</p> <p>3. Employee file N, HHA, date of hire 5/12/14, first patient contact date 5/17/14, failed to evidence the skills competency was observed providing care for a patient; failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 5/13/14, failed to evidence bathing was observed and competencied.</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/2/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>C. The file contained a copy of a prescription note dated 5/9/14 from a Nurse Practitioner and stated "Free of</p>		<p>history information.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Any employee who delivers home health services hired prior to 12/23/2015, who may have had documentation of a national and local criminal history conducted by a third party vendor has a limited criminal history from the Indiana central repository for criminal history information added to their personnel record. • <input type="checkbox"/> The human resources department is responsible for conducting the limited criminal history for all employees who deliver home health services from the Indiana central repository for criminal history information. The human resources department will maintain documentation of the limited criminal history conducted on every employee who delivers home health services in the employee's personnel record. • <input type="checkbox"/> As of 12/23/2015, all human resources staff have been educated on the new process. • <input type="checkbox"/> Beginning September 21, 2015 the skills competency check offs included bathing patient, transfer, and range of motion as well as all other required skills. 	

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	<p>Communicable Disease."</p> <p>4. Employee file P, HHA date of hire 5/26/15, first patient contact date 5/31/15, failed to evidence the skills competency was observed providing care for a patient. The document titled "Skills Checklist Assignment Detail," dated 5/26/15 failed to evidence how and where the skills were evaluated and failed to evidence they were performed on a patient.</p> <p>5. Employee file I, HHA, date of hire 10/15/12, first patient contact date 10/20/12, failed to evidence bathing was completed/observed being performed on a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 11/7/12, failed to evidence bathing was observed and competencied.</p> <p>B. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 10/16/12 stated "Where Observed: Lab."</p> <p>6. Employee file S, HHA, date of hire 9/21/15, first patient contact date 9/26/15, failed to evidence the skills competency was observed providing care for a patient; and failed to evidence a physical.</p>		<p>• On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include: how and where the skill was performed, that the skill was performed on a patient, the employee who observed these skills, as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015.</p> <p>An audit will be performed by the Vice President of Human Resources or designee of 100% of all personnel records of employees hired on or after 12/23/15 who will deliver home health services. The audit will be conducted to ensure that each personnel record contains a limited criminal history from the Indiana central repository for criminal history information conducted on or before the employee's first date of hire with the Agency until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% of all newly hired employees quarterly. Audit results will be provided to the Administrator immediately after each audit is conducted. (Exhibit 21)</p>	

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	<p>A. The document titled "Skills Checklist Assignment Detail," dated 9/22/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>B. The file contained a letter dated 9/22/15 from a physician that stated "I am not aware of [employee S] having any communicable diseases."</p> <p>C. The criminal background check dated as requested on 9/14/15 failed to evidence the information was obtained from the ISPR.</p> <p>7. Employee file E, licensed practical nurse, date of hire 7/28/14, first patient contact date 8/2/14, failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The criminal background check dated as requested on 7/18/14 failed to evidence the information was obtained from the ISPR.</p> <p>B. The file contained a letter dated 7/22/14 from a physician that stated "[employee E] is free of communicable disease."</p>		<p>An audit will be performed by the administrator/designee of 100% of all new home health aides hired on or after December 21, 2015 to ensure compliance with G 141 and that the Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. The audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p> <p>A weekly audit will be performed by the Vice President of Human Resources or designee of 100% of all personnel records of employees hired on or after 12/23/15 who will deliver home health services. The audit will be conducted to ensure that each personnel record contains the "Certificate of Employee Physical Examination" completed prior to the first date the employee has direct patient contact until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% of all newly hired employees quarterly. Audit results will be provided to the Administrator immediately after each audit is conducted. (Exhibit 20)</p>	

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	<p>8. Employee file M, Registered Nurse (RN), date of hire 2/23/15, first patient contact date 2/27/15, failed to evidence a physical. The file contained a copy of a prescription note dated 2/23/15 from a Nurse Practitioner, and stated "Patient free of communicable disease as of 2/3/15 office visit. No job restrictions."</p> <p>9. Employee file O, RN, date of hire 7/7/14, first patient contact date 7/12/14, failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The criminal background check dated as requested on 6/26/14 failed to evidence the information was obtained from the ISPR.</p> <p>B. The file contained a letter dated 6/30/14 from a physician that stated "Pt was seen in my office today for check up and was found to be free of any Communicable Diseases."</p> <p>10. Employee file Q, physical therapist, date of hire 11/15/12, first patient contact date 11/20/12, failed to evidence a physical. The file contained a letter dated 11/19/12 from a physician that stated : [employee Q] is a patient in our clinic.</p>			

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	<p>She is currently free of communicable disease at this time."</p> <p>11. Employee file R, Medical Social Worker, date of hire 2/24/14, first patient contact date 3/3/14, failed to evidence failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The criminal background check dated as requested on 1/17/14 failed to evidence the information was obtained from the ISPR.</p> <p>B. The file contained a letter dated 2/25/14 from a physician that stated "My patient[employee R] was last seen in my office fro an appointment on 1/15/14. She is free of communicable disease."</p> <p>12. During interview on 11/19/15 at 1:35 PM, employee T, the RN Educator, stated they do HHA skills checks for on-boarding in the lab at the office, then the next day the HHA is sent with an RN to be checked off out in the field. Employee T indicated they do a bed bath with a mannequin in the lab and verbally discuss giving a shower.</p> <p>13. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does</p>			

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	<p>not have filed competency check off sheets for bathing for employees C, I, N, and R, due to there was a process change with how things are being done.</p> <p>14. During interview on 11/19/15 at 2:05 PM, the Administrator stated "the orientation list that does not have the baths on it was prompted from similar requirements in another state. The Administrator indicated the criminal background check company was called and they said the ISPR is included in the search.</p> <p>15. During interview on 11/19/15 at 2:20 PM, employee L, Human Resources, indicate the criminal background check company will be faxing proof of ISPR search but it may take a couple of hours. As of 11/19/15 at 2:45 PM, the fax was not available to be provided.</p> <p>16. During interview on 11/19/15 at 2:30 PM, employee T indicated the annual skills competencies are performed in the lab with the mannequin.</p> <p>17. The agency's policy titled "TB/Health Screening," # D-240, reviewed March 2015 stated, "State of Indiana Addendum: *In the State of Indiana each employee who will have direct patient contact shall have a</p>			

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	<p>physical examination by a physician or nurse practitioner not more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients."</p> <p>18. The agency's job description titled "Licensed Practical Nurse," dated 7/20/12 stated, "Physical and Environmental Demands ... 7. Meet the health requirements of the agency."</p> <p>19. The agency's job description titled "Physical Therapist," dated 4/16/14 stated, "Health Status: Meets all applicable agency policies and procedures related to health screening and required testing. ... Physical and Environmental Demands ... 7. Meet the health requirements of the agency."</p> <p>20. The agency's job description titled "Registered Nurse," dated 7/20/12 stated, "Physical and Environmental Demands ... 7. Meet the health requirements of the agency."</p> <p>21. The agency's job description titled "Home Health Aide," dated 6/6/14 stated, "Job Qualifications: Education: 1. a State-established or other Home health</p>				

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	Aide training program that meets the requirements of 42 CFR 484.36 (a) and a competency evaluation program, or 2. a State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) within the past 24 months, or 3. a competency evaluation program or State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) with in the last 24 months. Otherwise, must successfully complete a Home Health Aide training and competency evaluation program prior to providing direct patient care. ... Health Status: Meets all applicable agency policies and procedures related to health screening and required testing. ... Physical and Environmental Demands ... 7. Meet the health requirements of the agency."			

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G 0143 Bldg. 00	<p>484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Based on record review and interview, the agency failed to ensure the nurses communicated changes in length of Peripherally Inserted Central Catheter (PICC) line measurements to the physician for 1 of 1 record reviewed receiving PICC line management (# 3); failed to ensure all disciplines ordered on referral were included on the plan of care (POC) and initiated timely for 1 of 20 records reviewed (# 10); and failed to ensure the Home Health Aide reported vital signs to the nurse as ordered on the aide care plan for 2 of 9 records reviewed receiving HHA services. (# 2 and 12)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on</p>	G 0143	<p>G 143 To ensure compliance with 484.14(g) Coordination of Patient Services, the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. • A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. • All Home Health Aides attended training by 12/24/15 that included: review of policies C-800 Home Health Aide Documentation and C-751 Home Health Aide Care Plan, and documentation requirements including notification to the RN/Clinical supervisor of any vital signs outside of the ordered 	12/24/2015			

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	<p>lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p> <p>C. The SN Visit Note Report dated 11/6/15 by employee G stated, "Indicate PICC Catheter Site Assessment: Red. ... Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the redness at the PICC catheter site.</p>		<p>parameters for the patient.</p> <ul style="list-style-type: none"> On 12/22/15, an electronic medical record software setting was initiated that creates 'workflow' that flows to the RN Clinical Supervisor anytime vital signs are documented outside of the physician ordered parameters. All clinical staff were educated by 12/24/15 on policies C-360 Coordination of Client services, C-635 Physician's orders, and C-660 Care Plans. Education focus included the need to provide all disciplines indicated, detailed and timely physician orders, and updating the care plan. <p>An audit will be performed by the administrator/designee to assure compliance with G 143 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6) An audit will be performed by the administrator or designee of 100% of HHA visits to ensure compliance with reporting as outlined in Policies C-800 and C-200 until 100% compliance is met for 4 consecutive weeks. After 4</p>				

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	<p>D. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>E. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>2. The clinical record for patient # 2 was reviewed on 11/16/15. The start of care date was 10/10/15. The record contained a plan of care (POC) dated 10/10-12/8/15 with orders for HHA effective 10/11/15 2 visits a week for 3 weeks.</p> <p>A. The Aide Care Plan Report dated 10/10-12/8/15 stated, "Vital Signs that Require Physician Notification by SN: ... Blood Pressure Upper 170/90, Lower 80/50."</p> <p>B. The Visit Note Report dated 10/14/15 by employee C, HHA, stated, "Blood Pressure 174/82. ... Physician</p>		<p>weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 7) An audit will be performed by the administrator/designee of 100% of all new admissions to ensure all ordered disciplines are added to the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 8)</p>				

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	<p>Contacted: No. Comments: [patient] said ... feeling fine." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>C. The Visit Note Report dated 10/17/15 by employee W, HHA, stated, "Blood Pressure 173/91. ... Physician Contacted: No. Comments: SYS [systolic]: 173 over 91 DIAS [diastolic] ." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>D. During interview on 11/16/15 at 1:45 PM, the Administrator stated the agency could not find any notes saying the HHAs called the nurses on 10/14 or 10/17/15 to notify of vital signs being high.</p> <p>3. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted.</p>			

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	<p>A. The Clinical Coordination Note Report dated 9/25/15 stated "Received referral from ... Cleveland Clinic. ... Start of care tomorrow 9/26/15. Patient will need SN, PT [Physical Therapy], OT [Occupational Therapy] due to laminectomy, hypertension, diabetes mellitus II, and depression." The record failed to evidence PT and OT were ordered on the POC; failed to evidence PT was ordered until 10/14/15; and failed to evidence OT was ordered.</p> <p>B. The Client Coordination Note Report dated 10/12/15 stated, "Patient's [spouse] called to inform GLC that doctor at Cleveland Clinic has ordered Physical Therapy. Informed [caregiver] that GLC would obtain the order and send a therapist out for an evaluation."</p> <p>C. During interview on 11/17/15 at 3:30 PM, the Administrator stated the patient's spouse called the agency on 10/12/15 to say the Cleveland Clinic had ordered PT upon referral to the agency. The Administrator stated she did not see any refusal by the patient for the PT and OT services, and the OT was not started.</p> <p>4. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC dated</p>			

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	<p>9/17-11/15/15 contained orders for HHA 1 visit a week for 3 weeks.</p> <p>A. The Aide Care Plan Report dated 9/17-11/15/15 stated, "Vital Signs that Require Physician Notification by SN: ... Blood Pressure Upper 170/90, Lower 80/50."</p> <p>B. The Visit Note Report dated 10/28/15 by employee X, HHA, stated, "Blood Pressure 147/95. ... Physician Contacted: No. Comments: DIAS [diastolic]: No dizziness from patient." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>5. The agency's policy titled "Home Health Aide: Documentation," # C-800, reviewed March 2015 stated, "2. The Home Health Aide shall be responsible for reporting any changes in the client's condition or other pertinent observations to the Clinical Supervisor."</p> <p>6. The agency's policy titled "Home Health Aide Care Plan," # C-751, reviewed March 2015 stated, "Policy ... All home health aide staff will follow the identified plan."</p> <p>7. The agency's policy titled "Home Health Aide Services," # C-220, reviewed March 2015 stated, "Special</p>			

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	<p>Instructions 1. Home Health Aide services may include: g. Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist."</p> <p>8. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>9. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p>			

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	<p>10. The agency's policy titled "Coordination of Client Services," #C-360, reviewed March 2015 stated, "Purpose ... To ensure services are coordinated between members of the interdisciplinary team. ... 3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensue: a. Clarification of the plan of care orders. ... d. Client's need for skilled nursing care, e. Need for other services and/or referral to community resources."</p> <p>11. The agency's policy titled "Physician Orders," # C-635, reviewed March 2015 stated, "1. When the nurse or therapist receives a verbal order from the physician, he/she shall write the order as given and then read the order back to the physician verifying that the person receiving the order heard it correctly and interpreted the order correctly."</p> <p>12. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "1. Following the initial assessment, a Care Plan shall be developed with the client and/or caregiver. The interventions shall correspond to the problems identified, services needed and the client goals for</p>				

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G 0146 Bldg. 00	<p>the episode of care."</p> <p>484.14(h) SERVICES UNDER ARRANGEMENTS Services furnished under arrangements are subject to a written contract conforming with the requirements specified in paragraph (f) of this section and with the requirements of section 1861(w) of the Act (42 U.S.C 1495x(w)).</p> <p>Based on record review, and interview, the parent agency failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure supervision of the South Bend branch to ensure it provided services directly to 26 of 73 active patients from the South Bend branch list for 1 of 1 patient record reviewed who received services from the acquired agency; failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure the Outcomes Assessment and Information Set (OASIS) data was submitted from the parent agency or branches; and failed to ensure an agreement or arrangement existed for the corporate office in Michigan to submit OASIS to the Indiana State agency for all the agency's patients eligible for OASIS data collection out of 4455 patients.</p>	G 0146	<p>G 146 To ensure compliance with 484.14(h) Services Under Arrangements, the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. • As of November 	12/23/2015

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw. 2. The South Bend branch census included 26 of 73 active patients, 26 were identified as also being listed on the acquired agency census. 3. During interview on 11/5/15 at 12:15 PM, the Administrator stated the agency does not do look behind OASIS evaluations to see if the clinician OASIS data is accurate and if the agency gets the same scores. 4. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number. 5. During interview on 11/6/15 at 10:15 		<p>15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number.</p> <ul style="list-style-type: none"> • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • The OASIS review and lock process was revised on 12/13/15 to have the specific provider number Clinical Supervisors or RNs review and lock their responsible areas OASIS. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. <p>A weekly audit to assure compliance with G 146 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>An audit will be performed weekly by the administrator/designee to</p>	

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	<p>AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>6. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>7. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>8. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>9. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS</p>		<p>assure 100% compliance with the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks. After that 4 weeks of 100% compliance is obtained the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 4)</p>	

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	<p>submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>10. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>11. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>12. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2.</p>			

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	<p>Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised,</p>				

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G 0156 Bldg. 00	<p>that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Based on record review and interview, the agency failed to ensure discipline visits were provided as ordered on the</p>	G 0156	G156 To assure compliance with	12/24/2015

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING			STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902		
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	<p>plan of care for 2 of 20 clinical records reviewed (See G 158); ensure all durable medical equipment used by the patients was included on the plan of care for 3 of 10 home visit observations; failed to ensure all disciplines ordered by physician upon referral were initiated at the start of care for 1 of 20 clinical records reviewed; and failed to ensure interventional orders contained a frequency for 1 of 20 records reviewed (See G 159); failed to ensure physicians were notified of patients no longer needing Skilled Nursing services due to goals met for 2 of 20 records reviewed, and failed to notify physician to revise goals met and goals needing revised for pain for 1 of 20 records reviewed (See G 164); and failed to ensure the plan of care contained a frequency of wound care orders for 2 of 2 clinical records reviewed of patients receiving wound care, and failed to ensure the POC included orders for drawing labs from the Peripherally Inserted Central Catheter (PICC) for 1 of 1 record review of patients with PICC lines (See G 166).</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment.</p>		<p>484.18 Acceptance of Patients, POC, Medical Supervision, the following interventions have been implemented:</p> <p>G 158</p> <ul style="list-style-type: none"> All clinical staff were educated by 12/24/15 on policies C-121 Admission policy, C-585 Frequencies, and C-660 Plan of care. Education focus included the need to provide all disciplines and services as ordered by the physician, documentation of missed visits, and the requirement to notify the physician of changes in the plan of care including missed visits. <p>An audit will be performed by the administrator/designee to assure compliance with G 158 of 100% of all missed visits until compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to quarterly and will be completed through the clinical record review process. (Exhibit 9)</p> <p>G159 (N524)</p> <ul style="list-style-type: none"> All clinical staff received education by 12/24/15 on the requirement to list all DME items in the home on the 485. Education included the need to add any type of assistive or medical device on the POC. All clinical staff will be 		

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			<p>educated by 12/24/15 on policy C-360 Coordination of Client services, C-660 Care Plans, C-145 Comprehensive Client Assessment, and C-635 Physicians orders. Education focused on adding all disciplines as indicated at SOC, updating the plan of care based on ongoing patient assessment and including detailed and clear physicians orders.</p> <p>All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15.</p> <p>An audit will be performed by the administrator/designee of 100% to assure compliance with G 159 of all 485's that all DME is listed until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 10)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 159 on 100% of all admissions to verify the plan of care includes all disciplines</p>	

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			<p>ordered until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 8)</p> <p>An audit will be performed by administrator/designee to assure compliance with G 159 of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p> <p>G164</p> <ul style="list-style-type: none"> • All clinical staff were educated by 12/24/15 on policy C-360 Coordination of Client Services, and C-660 Care Plans. Education focused on the need to revise goals as patient condition changes, notify physician of changes in patient condition including when services are no longer needed, interventions must match diagnosis and plan of care, pain interventions need to be detailed and address patient's pain, as patient goals are met 	

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			<p>they need to be discontinued, and that wound care must be discontinued when wound healed.</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 12)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 50% of all skilled nursing visits for updated patient goals when indicated, and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 of 50% of all skilled nursing visits for pain interventions and physician</p>	

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			<p>notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 14)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 100% of all patients discharged from skilled nursing services to ensure the physician was notified of the discharge until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 19)</p> <p>G166</p> <p>All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line.</p>	

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G 0158	484.18 ACCEPTANCE OF PATIENTS, POC, MED		<p>All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15.</p> <p>An audit will be performed by the administrator or designee to assure compliance with G 166 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p> <p>An audit will be performed by administrator/designee to assure compliance with G 166 of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p>		

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Bldg. 00	<p>SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on record review, and interview, the agency failed to ensure discipline visits were provided as ordered on the plan of care (POC) for 2 of 20 clinical records reviewed (# 2 and 13).</p> <p>Findings include:</p> <p>1. The clinical record for patient #2 was reviewed on 11/16/15. The start of care date was 10/10/15. The POC dated 10/10-12/8/15 contained orders for Skilled Nurse (SN) 1 time a week for 3 weeks, 1 every 2 weeks for 2 weeks, then 1 every 4 weeks for 4 weeks, with 3 as needed visits for pain, falls, cardiac complications.</p> <p>A. The record failed to evidence a SN visit was completed the week of 10/18-21/2015.</p> <p>B. During interview on 11/16/15 at 1:45 PM, the Administrator stated the agency could not find any missed visits notes or SN notes for the week of 10/18-21/2015.</p> <p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of</p>	G 0158	<p>G 158</p> <p>To assure compliance with 484.18 Acceptance of Patients, POC, Medical Supervision, the following interventions have been implemented:</p> <ul style="list-style-type: none"> All clinical staff were educated by 12/24/15 on policies C-121 Admission policy, C-585 Frequencies, and C-660 Plan of care. Education focus included the need to provide all disciplines and services as ordered by the physician, documentation of missed visits, and the requirement to notify the physician of changes in the plan of care including missed visits. <p>An audit will be performed by the administrator/designee to assure compliance with G 158 of 100% of all missed visits until compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to quarterly and will be completed through the clinical record review process. (Exhibit 9)</p>	12/24/2015			

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	<p>Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls; HHA 2 times a week for 3 weeks, then 1 time a week for 2 weeks; PT starting 9/6 1 time a week for 1 week, 2 times a week for 6 weeks, then 1 time a week for 1 week; and TO 1 time a week for 1 week.</p> <p>A. The record evidenced new orders for PT on 9/19 1 time a week for 3 weeks. The record failed to evidence PT conducted a visit the week of 9/20-9/26/15, 9/27-10/3, and 10/4-10/10/15.</p> <p>B. The record failed to evidence the HHA conducted a second visit the week of 8/30-9/5/15, and failed to conduct a second visit the week of 9/6-9/12/15.</p> <p>C. During interview on 11/19/15 at 10:22 AM, the Administrator stated the agency does not have any records of missed visits for HHA 8/30-9/5 or 9/6-9/12, and no missed visit records for PT for 9/20-10/17/15.</p>			

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	<p>3. The agency's policy titled "Admission Policy," # C-121, reviewed March 2015 stated, "Criteria for Client Admission: ...</p> <p>6. Services for a client receiving Skilled Nursing, Therapy, Medical Social Services or Home Health Aide services must follow a written Plan of Care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. ...</p> <p>7. There must be a reasonable expectation that the client's medical, nursing, social, or rehabilitations needs can be adequately met in the client's home.</p> <p>8. Reasonable expectation shall consider: a. Whether GLC's personnel and resources are adequate and suitable for providing the services the client requires."</p> <p>4. The agency's policy titled "Frequencies," # C-585, reviewed March 2015 stated, "1. The regulations requires the home health agencies to alert the physician to any changes that suggest a need to alter the plan of care. If the home health agency provides fewer visits than the physician orders, it has altered the plan of care and the physician must be notified. The home health agency must maintain documentation in the clinical record indicating that the physician was notified and is aware of the missed visit."</p>			

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G 0159 Bldg. 00	<p>484.18(a) PLAN OF CARE</p> <p>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.</p> <p>Based on record review, observation, and interview, the agency failed to ensure all durable medical equipment (DME) used by the patients was included on the plan of care (POC) for 3 of 10 home visit observations (# 7, 8, and 9); failed to ensure all disciplines ordered by physician upon referral were initiated at the start of care for 1 of 20 clinical records reviewed (#10); and failed to ensure interventional orders contained a frequency for 1 of 20 records reviewed (# 11).</p> <p>Findings include:</p> <p>1. During home visit observation with patient #7 on 11/12/15 at 10:30 AM, DME in the home included a walker. The POC dated 9/19-11/17/15 failed to contain the walker.</p>	G 0159	<p>G159 (N524)</p> <p>To assure compliance with 484.18(a) Plan of Care, the following interventions have been implemented:</p> <ul style="list-style-type: none"> · All clinical staff received education by 12/24/15 on the requirement to list all DME items in the home on the 485. Education included the need to add any type of assistive or medical device on the POC. · All clinical staff were educated by 12/24/15 on policy C-360 Coordination of Client services, C-660 Care Plans, C-145 Comprehensive Client Assessment, and C-635 Physicians orders. Education focused on adding all disciplines as indicated at SOC, updating the plan of care based on ongoing patient assessment, and including detailed and clear physicians 	12/24/2015

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	<p>2. During home visit observation with patient # 8 on 11/12/15 at 1:30 PM, DME in the home included a walker. The POC dated 10/30-12/28/15 failed to contain the walker.</p> <p>3. During home visit observation with patient # 9 on 11/13/15 at 9:30 AM, DME in the home included a walker. The POC dated 11/8/15-1/6/16 failed to contain the walker.</p> <p>4. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted.</p> <p>A. The Clinical Coordination Note Report dated 9/25/15 stated "Received referral from ... Cleveland Clinic. ... Start of care tomorrow 9/26/15. Patient will need SN, PT [Physical Therapy], OT [Occupational Therapy] due to</p>		<p>orders.</p> <p>All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15.</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 159 of 100% of all 485's to ensure that DME is listed until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 10)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 159 on 100% of all admissions to verify plan of care includes all disciplines ordered until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 8)</p>		

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	<p>laminectomy, hypertension, diabetes mellitus II, and depression." The record failed to evidence PT and OT were ordered on the POC; failed to evidence PT was ordered until 10/14/15; and failed to evidence OT was ordered.</p> <p>B. The Client Coordination Note Report dated 10/12/15 stated, "Patient's [spouse] called to inform GLC that doctor at Cleveland Clinic has ordered Physical Therapy. Informed [caregiver] that GLC would obtain the order and send a therapist out for an evaluation."</p> <p>C. During interview on 11/17/15 at 3:30 PM, the Administrator stated the patient's spouse called the agency on 10/12/15 to say the Cleveland Clinic had ordered PT upon referral to the agency. The Administrator stated she did not see any refusal by the patient for the PT and OT services, and the OT was not started.</p> <p>5. The clinical record for patient # 11 was reviewed on 11/18/15. The start of care date was 12/9/14. The POC dated 10/5-12/3/15 contained orders for SN 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 2 weeks, then 2 times a week for 1 week, with 3 as needed visits</p>		<p>An audit will be performed by administrator/designee to assure compliance with G 159 of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p>	

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	<p>for pain, falls, cardiac/respiratory, gastrointestinal/gastrourinary, diabetic, or wound complications. Need for skilled teaching and intervention related to left heel, and poor skin integrity. Cleanse with wound cleanser, apply collagen, cover with foam dressing. Wrap bilateral lower extremities with 2 layer compression wraps.</p> <p>A. The POC failed to contain a frequency of the wound care orders.</p> <p>B. During interview on 11/18/15 at 11:25 AM, the Administrator stated there should be a frequency on the wound care orders.</p> <p>6. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "3. The Care Plan shall include, but not be limited to: a. Problems and needs identified related to diagnosis. ... c. A list of specific interventions with plans for implementation. ... 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs. ... State of Indiana Addendum: ... The nursing plan of care will contain: 1. A plan of care and appropriate patient identifying information, ... 5. Medications, diet, and activities."</p>				

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	<p>7. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... e. Need for other services and/or referral to community resources."</p> <p>8. The agency's policy titled "Comprehensive Client Assessment," # C-145 reviewed March 2015 stated, "In addition to general health status/system assessment, GLC comprehensive assessment tool with OASIS will include: ... m. Equipment management."</p> <p>9. The agency's policy titled "Physician Orders," # C-635, reviewed March 2015 stated, "1. When the nurse or therapist receives a verbal order from the physician, he/she shall write the order as given and then read the order back to the physician verifying that the person receiving the order heard it correctly and interpreted the order correctly."</p>			

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G 0164 Bldg. 00	<p>484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.</p> <p>Based on record review, and interview, the agency failed to ensure physicians were notified of patients no longer needing Skilled Nursing (SN) services due to goals met for 2 of 20 records reviewed (# 10 and 13), and failed to notify physician to revise goals met and goals needing revised for pain for 1 of 20 records reviewed (# 10).</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for: -Observation and assessment of cardiac</p>	G 0164	<p>G164 To assure compliance with 484.18(b) Periodic Review of Plan of Care, the following interventions were implemented:</p> <ul style="list-style-type: none"> • All clinical staff were educated by 12/24/15 on policy C-360 Coordination of Client Services, and C-660 Care Plans. Education focused on the need to revise goals as patient condition changes, notify physician of changes in patient condition including when services are no longer needed, interventions must match diagnosis and plan of care, pain interventions need to be detailed and address patient's pain, as patient goals are met they need to be discontinued, and that wound care must be discontinued when wound healed. <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and</p>	12/24/2015

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	<p>system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications;</p> <p>-Evaluate patient and develop plan of care to be counter signed by physician;</p> <p>-Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications;</p> <p>-Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request;</p> <p>=Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam;</p> <p>-Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment</p>		<p>will be completed through the clinical record review process. (Exhibit 12)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 50% of all skilled nursing visits for updated patient goals when indicated, and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 14)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 100% of all patients discharged from skilled nursing services to ensure the physician was notified of the</p>	

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	<p>of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN assess feet and reinforce</p>		<p>discharge until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 19)</p>	

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	<p>diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96 > 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines</p>			

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	<p>available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings; -Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home; -Improvement in pain interfering with activity; -Pain controlled at level of 3 or less or at a level acceptable to the patient; -Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures; -Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained; -Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process; -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency; -Demonstrated ability to self manage neurologic disease process and reduce</p>			

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	<p>caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease;</p> <ul style="list-style-type: none"> -Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home; -Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin; -Wound complications avoided; -Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period; -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ; -Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention. <p>The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed</p>			

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	<p>on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Claudia 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care Outcome Assessment and Information Set assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the</p>			

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	<p>patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130."</p> <p>The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>C. The Visit Note Report dated 10/2/15 stated "Pain: All of the time. ... Pain Scale Rating 9. ... Wound: no problems identified. ... Have the patient's blood sugars remind stable for the past two week? Not Applicable- blood sugars are not routinely checked." The Narrative section stated "Pain never gets lower than a 6. ... Instructed on pain management. See interventions." The</p>				

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	<p>section titled "Interventions" stated, "3. Observe and assess pain intensity and pain level. See physical assessment section." The Narrative note stated, "Has generalized pain that is constant. Pain during SN visit rated a 9 on 1-10 scale. Just took pain med 30 minutes before SN arrival."</p> <p>The record failed to evidence a pain intervention other than instruction was provided; failed to evidence the physician was notified to change or revise the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient;" and failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>D. The Visit Note Report dated 10/2/15 Interventions Provided stated, "6. Instruct in cardiovascular hypo/hypertension disease process, Details/Comments: Dietary restrictions, Low Sodium/low fat." The POC Nutritional Requirements stated "Diabetic." The agency failed to evidence education to the patient on diabetic diet, and failed to clarify/verify with the physician as to the diet/nutritional needs of the patient, and failed to notify the physician to remove the Met Goals and modify/revise the POC.</p>			

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	E. The Visit Note Report dated 10/2/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention, 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 4. Pain management intervention completed this visit. 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction in cardiovascular hypo/hypertension disease completed this episode- patient/primary caregiver independent. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode- patient /primary caregiver independent. 9. Instruction regarding self management of altered bowel elimination completed this episode- patient/primary caregiver independent. 10. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... Instruction regarding self management of meds that manage depression completed this episode- patient/primary caregiver independent. ...				

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	<p>18. Instructions regarding ability to self manage nutritional requirements to promote skin integrity completed this episode- patient/primary caregiver independent. 19. Instructions regarding ability to self manage nutritional requirements to alleviate pressure completed this episode- patient/primary caregiver independent. 20. Instructions regarding signs and symptoms of infection and skin breakdown completed this episode- patient/primary caregiver independent. ... 22. Instruction regarding wound management completed this episode-patient/caregiver independent. 23. Instruction regarding avoiding wound complications completed this episode-patient/caregiver independent. ... 29. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>F. The Visit Note Report dated 10/6/15 stated, "Pain: All of the time," and was rated at 9. The Endocrine/Hematopoietic section stated, "Have the patient's blood sugars remained stable for the past two weeks? Yes." The section titled "Goals Met" stated, "2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver</p>			

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	<p>demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 8. Instruction regarding self management of neurologic disease completed this episode- patient /primary caregiver independent. 9. Assessment regarding patient ability to self manage wound care completed this visit. ... 14. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>G. The Visit Note Report dated 10/14/15 stated, "Pain, daily but not constantly," rated at 9. The section titled "Wounds" stated, "No problems identified." The Narrative section stated, "Incision site clean, dry and intact, without signs of infection or drainage, left open to air, will continue to monitor." The section titled "Interventions Provided" stated, "4. Instruct patient/caregiver regarding pain management and principles, ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic</p>				

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	<p>pain control measures, ... 6. Instruct patient/caregiver in reduction of risk for injury and improvement in environment to prevent injury, ... 8. Instruct in cardiovascular hypo/hypertension disease process, ... 12. Instruct regarding causes and complication of constipation/diarrhea, ... 22. Assess patients ability to self manage disease process, details/comments: diabetic diet, diabetic skin care, proper skin care, foot care and inspection, medication management. ... 26. Assess current wound treatment for effectiveness weekly , details/comments: assess wound treatment for effectiveness and wound progressing."</p> <p>H. The Visit Note Report dated 10/14/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction regarding injury prevention completed this episode- patient/caregiver independent. 7. Instruction regarding managing changes in cognition</p>			

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	<p>completed this episode- patient/caregiver independent. 8. Instruction in cardiovascular hypo/hypertension disease completed this episode-patient/caregiver independent. ... 10. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 11. Instruction regarding self management of gastrointestinal disease completed this episode- patient/caregiver. 12. Instruction regarding self management of altered bowel elimination completed this episode- patient/caregiver independent. 13. Exacerbations of gastrointestinal disease are promptly identified and interventions implements to minimize risks to patient. ... 15. Instruction regarding self management of anxiety completed this episode- patient/caregiver independent. ... 19. Instruction regarding self management of depression completed this episode- patient/caregiver independent. ... 23. Instruction regarding equipment to alleviate pressure completed this episode- patient/caregiver independent. 25. Instruction regarding sings and symptoms of infection and skin breakdown completed this episode- patient/caregiver independent. ... 27. Instruction regarding wound management completed this episode- patient/caregiver independent. 28. Instruction regarding</p>			

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	<p>avoiding wound complications completed this episode- patient/caregiver independent. ... 31. Instruction in wound care completed for this episode-patient/caregiver independent. ... 35. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>I. The Goals Met previously on 10/6/15 were repeated as being re-instructed on and met again on 10/14/15 visit and listed as #'s 1, 2, 5, 8, 10, 11, 12, 13, 28, and 35. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>J. The Visit Note Report dated 10/21/15 stated, "Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds:" stated, "Posterior neck healing incision without redness or edema." The Narrative section stated, "There is an incision to posterior neck approximately 8 centimeters in length almost completely healed without redness or edema. Incision is left [open to air] OTA."</p> <p>K. The visit note repeated instructions/interventions identified on 10/14/15. The Visit Note Report dated 10/21/15 stated, "Instructions Provided.</p>			

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	<p>1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 10. Assess for signs and symptoms of depression and monitor depression symptoms on a routine basis. ... 18. ... Patient instructed in avoidance of environmental hazards including throw rugs, clutter, poor lighting, inappropriate foot wear, obstructed pathways, pets."</p> <p>L. The Visit Note Report dated 10/21/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. ... 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding</p>			

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	<p>self management of gastrointestinal disease completed this episode-patient/caregiver. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment notes failed to evidence any cardiac and respiratory problems.</p> <p>M. The Goals Met previously on 10/14/15 were repeated as being re-instructed on and met again on 10/21/15 visit and listed as #'s 1, 2, 5, 7, 8, and 18. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>N. The Visit Note Report dated 10/30/15 stated, "Pain ... all of the time. ... Indicate patient Pain Scale Rating: 9." The section titled "Integumentary/Wounds" stated, "No problems identified." The Narrative section stated, "Incision to posterior neck healed."</p> <p>O. The visit note repeated instructions/interventions identified on 10/21/15. The Visit Note Report dated 10/30/15 stated, "Instructions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow</p>			

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	<p>for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 19. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>P. The Goal Met previously on 10/21/15 were repeated as being re-instructed on and met again on 10/30/15 visit and listed as #'s 1, 2, and 5. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>Q. During telephone interview on 11/18/15 at 10:00 AM, patient #10's spouse stated the steri-strips fell off of the wound incision by the first or second nursing visit [would be approximately 10/6/15]. The patient's spouse stated the nursing services continued to be provided after the steri strips fell off and the nurses</p>			

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	<p>were touching on teaching about depression and other self-care related topics for the patient.</p> <p>R. During interview on 11/11/18/15 at 10:30 AM, the Administrator stated if the wound was healed and no other SN was needed, that would be an indication to discharge from SN services and let therapy continue and close out the case. The Administrator stated the patient could have been discharged from SN on 11/4 or 11/10/15.</p> <p>S. SN visits continued to be provided on 11/4 and 11/11/15. The Visit Note Report dated 11/4/15 stated, "Pain ... all of the time. ... Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds" stated, "No problems identified."</p> <p>T. The visit note repeated instructions/interventions identified on 10/30/15. The Visit Note Report dated 11/4/15 stated, "Interventions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding</p>			

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	<p>pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 17. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>U. The Goals Met previously on 10/30/15 were repeated as being re-instructed on and met again on 11/4/15 visit and listed as: 1. Patient/caregiver ill verbalized understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional</p>			

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	<p>requirements to promote good skin integrity. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>V. The Visit Note Report dated 11/11/15 stated, "Pain ... all of the time. Indicate Patient Pain Scale Rating: 8."</p> <p>W. The visit note repeated instructions/interventions identified on 11/4/15. The Visit Note Report dated 11/11/15 stated, "Interventions Provided: 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 17. Instruct in nutritional requirements to promote good skin integrity and healing." The Visit Report Note dated 10/30/15 evidenced the wound healed.</p> <p>X. The Goals Met previously on</p>			

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	<p>11/4/15 were repeated as being re-instructed on and met again on 11/1/15 visit and listed as: 1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed on 10/30/15.</p> <p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of</p>			

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	<p>Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls. SN for:</p> <ul style="list-style-type: none"> -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain level to physician; -Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; - Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -SN for urinary incontinence screening and intervention; SN to provide skilled teaching related to urinary incontinence management. May obtain urinalysis and culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention. 			

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	<p>-SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications, SN for administration of saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention.</p> <p>GOALS;</p> <p>-Pulse oximetry results obtained.</p> <p>-Changes in respiratory status will be</p>			

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	<p>identified and reported to physician for prompt intervention to minimize associated risks;</p> <ul style="list-style-type: none"> -Improvement in urinary incontinence; -Improvement in management of urinary incontinence; -Exacerbations of gastrointestinal disease will be promptly identified and interventions implemented to minimize risks to patient. -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. -Patient will have bowel patency; -Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention, -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced; -Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request; -Patient/caregiver will demonstrate ability to safely manage medications. <p>A. The SN Visit Note Report Narrative section dated 9/10/15 stated, "Patient seen for RN visit and HHA</p>			

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	<p>supervisory visit. ... Denies difficulty breathing. Bilateral lung sounds clear. Active bowel sounds x 4 quadrants. Reports BM [bowel movement] this morning. No edema noted. Denies falls. Denies chest pain. Denies depression. No new skin issues present. Skin remains intact. Reports good appetite at meal time. Spastic movement noted at times due to Huntington's diagnosis. Patient reports ... taking [their] medication as prescribed and feels much better. ... Discharge teaching: Continue meds as ordered. Keep all follow up appointments with physicians. Signs and symptoms of hypertension: chest pain, shortness of breath, heart palpitations, facial flushing. Fall precautions. Med teaching: Ziac: effect, dose, frequency, side effects. ... Patient voices understanding of all teaching completed today."</p> <p>B. The Visit Note Report dated 9/10/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4.</p>			

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	<p>Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. 6. Obtain pulse oximetry for shortness of breath. ... 9. Instruct in nutritional requirements to promote good skin integrity and healing."</p> <p>C. The SN Visit Note Report dated 9/10/15 section titled "Goals Met," stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Pulse</p>				

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	<p>oximetry completed this visit. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 9. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote food skin integrity. ... 12. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Integumentary/Wounds stated, "No problems identified." The assessment section for Cardiovascular stated, "Hypertension." The vital signs were recorded as temperature 98.7, pulse 68, respirations 18, and blood pressure 118/78.</p> <p>D. The SN Visit Note Report dated 9/24/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony</p>			

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	<p>prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. ... 5. Obtain pulse oximetry for shortness of breath. ... 8. Instruct in nutritional requirements to promote good skin integrity and healing. ... 12. Instruct importance of following prescribed diet after discharge." The assessment</p> <p>E. The Goals Met previously on 9/10/15 were repeated as being re-instructed on and met again on 9/24/15 visit and listed as: "1. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. 4. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity." -The agency failed to notify the physician to remove the Met Goals and modify/revise the POC on 9/10/15.</p> <p>F. The SN Visit Note Report dated 10/6/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in</p>			

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	<p>pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruct patient/caregiver regarding measures to assist in managing urinary incontinence-adult briefs, disposable underpads, condom catheters."</p> <p>G. The SN Visit Note Report dated 10/6/15 section titled "Goals Met," previously on 9/24/15 were repeated as being re-instructed on and met again on</p>				

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	10/6/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruction regarding urinary incontinence completed for this episode. 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.			

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	<p>H. The SN Recertification Outcome Assessment and Information Set (OASIS) Visit Note Report dated 10/26/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 7. Perform assessment for urinary incontinence. ... UA [Urinalysis] and C & S [culture and sensitivity] obtained. 8.</p>			
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	<p>Instruct patient/caregiver regarding causes and complication of constipation/diarrhea. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing." The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified."</p> <p>I. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings:</p>			

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	<p>No problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>J. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at this time." The record failed to evidence the patient was discharged from SN services.</p> <p>3. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "1. Following the initial assessment, a Care Plan shall be developed with the client and/or caregiver. The interventions shall correspond to the problems identified, services needed and the client goals for the episode of care. 2. The Care Plan shall be reviewed, evaluated, and revised (minimally every sixty (60) days and as needed) based upon the client's health status and/or environment, ongoing client assessments, caregiver support systems, and the effectiveness of the interventions in achieving progress toward goals. All changes will be communicated to the appropriate staff members. 3. The Care Plan shall include, but not be limited to:</p>			

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	<p>a. Problems and needs identified related to diagnosis. b. Reasonable, measurable, and realistic goals as determined by the assessment and client expectations. c. A list of specific interventions with plans for implementation. d. Indicators for measuring goals achievement and identified time frames. 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs."</p> <p>4. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "Purpose ... To ensure appropriate, quality care is being provided to clients. ... To modify the plan to reflect needs or changed identified by members of the team and avoid duplication of services. To identify needs to modify the plan of care. ... Special Instructions ... 2. Interdisciplinary care conferences shall be conducted as often as necessary to respond to changes in the client's needs, services, care, or goals. 3. After the initial assessment the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... d. Client's need for skilled nursing care. e. Need for other</p>			

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	<p>services and/or referral to community resources. ... 7. The Nurse Case Manager or Clinical Supervisor will assume responsibility for updating/changing the Care Plan and communicating changes to caregivers within 24 hours following the conference or changes. The physician will be contacted when his/her approval for that change is necessary and to alert the physician to changes in client condition. ... 9. GLC will identify a communication system to assure that all disciplines and departments are informed of changes to plan and/or need for modification."</p> <p>5. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The Registered Nurse: ... b. Regularly reevaluates the client needs, and coordinates the necessary services. c. Initiates the Plan of Care and necessary revisions and updates to the plan of care and the care plan. d. Provides services requiring specialized nursing skill ... e. Informs the physician and other personnel of changes in the client condition and needs. ... 2. The Licensed Practical Nurse: ... d. Reports findings and observation to the registered nurse, physician and other members of the team to assure coordination and timely response to client changes or needs. ... 3. Skilled nursing</p>			

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G 0166 Bldg. 00	<p>activities in the home care setting may include: observation and assessment, teaching and training activities. Management and evaluation of the care plan and routine and complex skilled procedures."</p> <p>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services. Based on record review, and interview, the agency failed to ensure the plan of care (POC) contained a frequency of wound care orders for 2 of 2 clinical records reviewed of patients receiving wound care (# 4 and 11), and failed to ensure the POC included orders for drawing labs from the Peripherally Inserted Central Catheter (PICC) for 1 of 1 record review of patients with PICC lines. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start</p>	G 0166	<p>G166 To assure compliance with 484.18(c) Conformance with Physicians Orders, the following interventions were implemented:</p> <ul style="list-style-type: none"> All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. 	12/24/2015			

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	<p>of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic panel] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The POC failed to evidence the agency obtained orders to draw labs via the PICC line.</p> <p>B. During interview on 11/16/15 at 3:00 PM, the Administrator indicated the orders for lab draws via PICC line are on the infusion orders for the Vancomycin.</p> <p>C. The [Infusion Clinic] orders dated 10/22/15-4/22/16 stated, "Physicians Orders: ... 2. Routine PICC Care." This order failed to evidence the physician ordered lab draws via the PICC line.</p>		<p>All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15.</p> <p>An audit will be performed by the administrator or designee to assure compliance with G 166 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p> <p>An audit will be performed by administrator/designee to assure compliance with G 166 of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p>		

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	<p>2. The clinical record for patient # 4 was reviewed on 11/17/15. The start of care date was 9/20/15. The POC dated 9/20-11/18/15 contained orders for SN 6 times a week for 1 week, 7 times a week for 1 week, 2 times a week for 1 week, then 1 time a week for 6 weeks, with 3 as needed visits for pain, falls, respiratory/cardiac, wound complications, mental status changes. SN for teaching and intervention related to wounds. Area to ball of left foot cleanse with wound cleanser, apply betadine and let dry, every day. Area to right upper arm cleanse with wound cleanser, apply Santyl and cover with lightly moistened gauze and dry and dry gauze. Area to right hip cleanse with wound cleanser, apply Santyl cover with lightly moistened gauze and cover with dry gauze.</p> <p>-The wound care orders for the right upper arm and the right hip failed to contain frequencies for the wound care.</p> <p>3. The clinical record for patient # 11 was reviewed on 11/18/15. The start of care date was 12/9/14. The POC dated 10/5-12/3/15 contained orders for SN 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week</p>			

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	<p>for 1 week, 4 times a week for 1 week, 3 times a week for 2 weeks, then 2 times a week for 1 week, with 3 as needed visits for pain, falls, cardiac/respiratory, gastrointestinal/gastrourinary, diabetic, or wound complications. Need for skilled teaching and intervention related to left heel, and poor skin integrity. Cleanse with wound cleanser, apply collagen, cover with foam dressing. Wrap bilateral lower extremities with 2 layer compression wraps.</p> <p>A. The POC failed to contain a frequency of the wound care orders.</p> <p>B. During interview on 11/18/15 at 11:25 AM, the Administrator stated there should be a frequency on the wound care orders.</p> <p>4. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "3. The Care Plan shall include, but not be limited to: a. Problems and needs identified related to diagnosis. ... c. A list of specific interventions with plans for implementation. ... 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs. ... State of Indiana Addendum: ... The nursing plan of care will contain: 1. A plan of care</p>			

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G 0168 Bldg. 00	<p>and appropriate patient identifying information, ... 5. Medications, diet, and activities."</p> <p>5. The agency's policy titled "Venipuncture for Blood Specimen Collection," # I-140, revised 7/30/14 stated, "Blood Draw from Central Venous Access Devices ... Procedure: 1. Review Physician order. 2. Use strict sterile technique."</p> <p>6. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... e. Need for other services and/or referral to community resources."</p> <p>484.30 SKILLED NURSING SERVICES</p> <p>Based on record review, and interview, the agency failed to ensure the nursing staff provided treatments as ordered on the plan of care for 1 of 20 records reviewed (See G 170); failed to ensure nurses revised the plans of care for 2 of</p>	G 0168	<p>G 168 To assure compliance with 484.30 Skilled Nursing Services, the following interventions were implemented:</p> <p>G 170</p>	12/24/2015			

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	<p>20 records reviewed, failed to ensure physicians were notified of patients no longer needing Skilled Nursing services due to goals met for 2 of 20 records reviewed, and failed to notify physician to revise goals met and goals needing revised for pain for 1 of 20 records reviewed (See G 172); failed to ensure the admitting nurse initiated revisions to the plan of care, and failed to notify the physician of the need to alter the plan of care pain goal for 1 of 20 records reviewed (See G 173); failed to ensure the nursing staff accurately measured the Peripherally Inserted Central Catheter (PICC) line for 1 of 1 record reviewed of patients receiving PICC line care (See G 174); failed to ensure the nurses notified the physician of changes in PICC length for 1 of 1 patient records reviewed receiving PICC line care, and failed to measure wounds weekly for 1 of 2 patients receiving wound care (See G 176); and failed to ensure the Licensed Practical Nurse followed PICC Line policies and procedures for measuring and changing PICC dressings 1 of 1 record reviewed receiving PICC line care (See G 179).</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe</p>		<p>All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. An audit will be performed by the administrator/ designee to assure compliance with G 170 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process (Exhibit 6)</p> <p>G 172 (N541)</p> <ul style="list-style-type: none"> • All clinical staff were educated by 12/24/15 on policies C-360 Coordination of Client services, C-660 Care Plans, and C200 Skilled Nursing Services. Education focus included the need to provide all disciplines indicated, detailed and timely physician orders, and updating the care plan and patient goals change, physician notification of changes in patient status and discharge when goals met. <p>An audit will be performed by the</p>	

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	environment.		<p>administrator/designee to assure compliance with G 164 on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 12)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 172 of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 172 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and</p>	

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			<p>will be completed through the clinical record review process. (Exhibit 14)</p> <p>G173 (N542)</p> <ul style="list-style-type: none"> • All RN's received education by 12/24/15 on Policy C-200 Skilled nursing services with a focus on the requirement of the RN to provide ongoing assessment and update of the plan of care. This includes physician notification of goals not met, uncontrolled pain, or other changes in patient condition. All interventions must be applicable to the plan of care. <p>An audit will be performed by the administrator/designee to assure compliance with G 173 of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 173 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4</p>	

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING	STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902
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			<p>consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process (Exhibit 14)</p> <p>G 174</p> <ul style="list-style-type: none"> All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. <ul style="list-style-type: none"> <input type="checkbox"/> A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. <p>An audit will be performed by the administrator or designee to assure compliance with G 174 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p> <p>G176</p>	

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			<p>All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. • <input type="checkbox"/> All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15. <p>An audit will be performed by the administrator or designee to assure compliance with G 176 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p>	

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			<p>An audit will be performed by administrator/designee to assure compliance with G 176 of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p> <p>G 179</p> <ul style="list-style-type: none"> All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. • <input type="checkbox"/> A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. <p>An audit will be performed by the administrator/ designee to assure compliance with G 179 of 100%</p>	

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G 0170 Bldg. 00	<p>484.30 SKILLED NURSING SERVICES</p> <p>The HHA furnishes skilled nursing services in accordance with the plan of care. Based on record review, and interview, the agency failed to ensure the nursing staff provided treatments as ordered on the plan of care (POC) for 1 of 20 records reviewed. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of</p>	G 0170	<p>of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p> <p>G 170 To assure compliance with 484.30, Skilled Nursing Services, the following interventions were implemented:</p> <ul style="list-style-type: none"> All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. An audit will be performed by the administrator/ designee to assure compliance with G 170 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the 	12/24/2015

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	<p>10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC line, and failed to evidence the nurse used sterile technique for the dressing change.</p> <p>C. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p>		clinical record review process (Exhibit 6)		

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	<p>D. The SN Visit Note dated 11/3/15 by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco [Vancomycin] peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line was measured during the dressing change.</p> <p>E. The SN Visit Note Report dated 11/6/15 by employee G stated, "Indicate PICC Catheter Site Assessment: Red. ... Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the redness at the PICC catheter site.</p> <p>F. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>2. During interview on 11/16/15 at 3:00 PM, the Administrator stated PICC</p>				

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	<p>dressing changes should be sterile.</p> <p>3. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>4. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>5. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1.</p>			

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G 0172 Bldg. 00	<p>Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs. Based on record review, and interview, the agency failed to ensure nurses revised the plans of care for 2 of 20 records reviewed, failed to ensure physicians were notified of patients no longer needing Skilled Nursing (SN) services due to goals met for 2 of 20 records reviewed (# 10 and 13), and failed to notify physician to revise goals met and goals needing revised for pain for 1 of 20 records reviewed (# 10).</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to</p>	G 0172	<p>G 172 To assure compliance with 484.30 (a), Duties of the Registered Nurse, the following interventions were implemented:</p> <ul style="list-style-type: none"> • All clinical staff were educated by 12/24/15 on policies C-360 Coordination of Client services, C-660 Care Plans, and C200 Skilled Nursing Services. Education focus included the need to provide all disciplines indicated, detailed and timely physician orders, and updating the care plan and patient goals change, physician notification of changes in patient status and discharge when goals met. <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process.</p>	12/24/2015

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	wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for: -Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications; -Evaluate patient and develop plan of care to be counter signed by physician; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request; =Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam; -Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;		(Exhibit 12) An audit will be performed by the administrator/designee to assure compliance with G 172 of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13) An audit will be performed by the administrator/designee to assure compliance with G 172 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 14)		

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	<p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may</p>			

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	<p>perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN ass feet and reinforce diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96 > 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen</p>			

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	<p>saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained;</p> <p>-Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process;</p> <p>-Patient/caregiver verbalize and demonstrate ability to manage altered</p>			

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	<p>bowel elimination. Patient will have bowel patency;</p> <ul style="list-style-type: none"> -Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease; -Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home; -Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin; -Wound complications avoided; -Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period; -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ; -Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention. 				

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	<p>-The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated</p>			
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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING			STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902		
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	<p>"Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130." The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>C. The Visit Note Report dated 10/2/15 stated "Pain: All of the time. ... Pain Scale Rating 9. ... Wound: no problems identified. ... Have the patient's blood sugars remind stable for the past two week? Not Applicable- blood sugars are not routinely checked."</p>				

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	<p>The Narrative section stated "Pain never gets lower than a 6. ... Instructed on pain management. See interventions." The section titled "Interventions" stated, "3. Observe and assess pain intensity and pain level. See physical assessment section." The Narrative note stated, "Has generalized pain that is constant. Pain during SN visit rated a 9 on 1-10 scale. Just took pain med 30 minutes before SN arrival."</p> <p>The record failed to evidence a pain intervention other than instruction was provided; failed to evidence the physician was notified to change or revise the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient;" and failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>D. The Visit Note Report dated 10/2/15 Interventions Provided stated, "6. Instruct in cardiovascular hypo/hypertension disease process, Details/Comments: Dietary restrictions, Low Sodium/low fat." The POC Nutritional Requirements stated "Diabetic." The agency failed to evidence education to the patient on diabetic diet, and failed to clarify/verify with the physician as to the diet/nutritional needs of the patient, and failed to notify the physician to remove</p>			

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	<p>the Met Goals and modify/revise the POC.</p> <p>E. The Visit Note Report dated 10/2/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention, 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 4. Pain management intervention completed this visit. 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction in cardiovascular hypo/hypertension disease completed this episode- patient/primary caregiver independent. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode- patient /primary caregiver independent. 9. Instruction regarding self management of altered bowel elimination completed this episode- patient/primary caregiver independent. 10. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... Instruction regarding</p>			

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	<p>self management of meds that manage depression completed this episode-patient/primary caregiver independent. ... 18. Instructions regarding ability to self manage nutritional requirements to promote skin integrity completed this episode- patient/primary caregiver independent. 19. Instructions regarding ability to self manage nutritional requirements to alleviate pressure completed this episode- patient/primary caregiver independent. 20. Instructions regarding signs and symptoms of infection and skin breakdown completed this episode- patient/primary caregiver independent. ... 22. Instruction regarding wound management completed this episode-patient/caregiver independent. 23. Instruction regarding avoiding wound complications completed this episode-patient/caregiver independent. ... 29. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>F. The Visit Note Report dated 10/6/15 stated, "Pain: All of the time," and was rated at 9. The Endocrine/Hematopoietic section stated, "Have the patient's blood sugars remained stable for the past two weeks? Yes." The section titled "Goals Met" stated, "2. Cardiac exacerbations are</p>			

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	<p>identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 8. Instruction regarding self management of neurologic disease completed this episode- patient /primary caregiver independent. 9. Assessment regarding patient ability to self manage wound care completed this visit. ... 14. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>G. The Visit Note Report dated 10/14/15 stated, "Pain, daily but not constantly," rated at 9. The section titled "Wounds" stated, "No problems identified." The Narrative section stated, "Incision site clean, dry and intact, without signs of infection or drainage, left open to air, will continue to monitor." The section titled "Interventions Provided" stated, "4. Instruct patient/caregiver regarding pain</p>			

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	<p>management and principles, ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures, ... 6. Instruct patient/caregiver in reduction of risk for injury and improvement in environment to prevent injury, ... 8. Instruct in cardiovascular hypo/hypertension disease process, ... 12. Instruct regarding causes and complication of constipation/diarrhea, ... 22. Assess patients ability to self manage disease process, details/comments: diabetic diet, diabetic skin care, proper skin care, foot care and inspection, medication management. ... 26. Assess current wound treatment for effectiveness weekly , details/comments: assess wound treatment for effectiveness and wound progressing."</p> <p>H. The Visit Note Report dated 10/14/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction regarding injury prevention</p>				

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	<p>completed this episode- patient/caregiver independent. 7. Instruction regarding managing changes in cognition</p> <p>completed this episode- patient/caregiver independent. 8. Instruction in cardiovascular hypo/hypertension disease</p> <p>completed this episode-patient/caregiver independent. ... 10. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks.</p> <p>11. Instruction regarding self management of gastrointestinal disease</p> <p>completed this episode- patient/caregiver.</p> <p>12. Instruction regarding self management of altered bowel elimination</p> <p>completed this episode- patient/caregiver independent. 13. Exacerbations of gastrointestinal disease are promptly identified and interventions implements to minimize risks to patient. ... 15. Instruction regarding self management of anxiety</p> <p>completed this episode- patient/caregiver independent. ... 19. Instruction regarding self management of depression</p> <p>completed this episode- patient/caregiver independent. ... 23. Instruction regarding equipment to alleviate pressure</p> <p>completed this episode- patient/caregiver independent. 25. Instruction regarding sings and symptoms of infection and skin breakdown</p> <p>completed this episode- patient/caregiver independent. ... 27. Instruction</p>			

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	<p>regarding wound management completed this episode- patient/caregiver independent. 28. Instruction regarding avoiding wound complications completed this episode- patient/caregiver independent. ... 31. Instruction in wound care completed for this episode- patient/caregiver independent. ... 35. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>I. The Goals Met previously on 10/6/15 were repeated as being re-instructed on and met again on 10/14/15 visit and listed as #'s 1, 2, 5, 8, 10, 11, 12, 13, 28, and 35. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>J. The Visit Note Report dated 10/21/15 stated, "Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds:" stated, "Posterior neck healing incision without redness or edema." The Narrative section stated, "There is an incision to posterior neck approximately 8 centimeters in length almost completely healed without redness or edema. Incision is left [open to air] OTA."</p> <p>K. The visit note repeated</p>			

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	<p>instructions/interventions identified on 10/14/15. The Visit Note Report dated 10/21/15 stated, "Instructions Provided.</p> <p>1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 10. Assess for signs and symptoms of depression and monitor depression symptoms on a routine basis. ... 18. ... Patient instructed in avoidance of environmental hazards including throw rugs, clutter, poor lighting, inappropriate foot wear, obstructed pathways, pets."</p> <p>L. The Visit Note Report dated 10/21/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. ... 7. Changes in respiratory status are</p>			

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	<p>identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode-patient/caregiver. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment notes failed to evidence any cardiac and respiratory problems.</p> <p>M. The Goals Met previously on 10/14/15 were repeated as being re-instructed on and met again on 10/21/15 visit and listed as #'s 1, 2, 5, 7, 8, and 18. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>N. The Visit Note Report dated 10/30/15 stated, "Pain ... all of the time. ... Indicate patient Pain Scale Rating: 9." The section titled "Integumentary/Wounds" stated, "No problems identified." The Narrative section stated, "Incision to posterior neck healed."</p> <p>O. The visit note repeated instructions/interventions identified on 10/21/15. The Visit Note Report dated 10/30/15 stated, "Instructions Provided. 1. Instruct patient/caregiver in position</p>			

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	<p>changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 19. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>P. The Goal Met previously on 10/21/15 were repeated as being re-instructed on and met again on 10/30/15 visit and listed as #'s 1, 2, and 5. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>Q. During telephone interview on 11/18/15 at 10:00 AM, patient #10's spouse stated the steri-strips fell off of the wound incision by the first or second nursing visit [would be approximately</p>			

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	<p>10/6/15]. The patient's spouse stated the nursing services continued to be provided after the steri strips fell off and the nurses were touching on teaching about depression and other self-care related topics for the patient.</p> <p>R. During interview on 11/11/18/15 at 10:30 AM, the Administrator stated if the wound was healed and no other SN was needed, that would be an indication to discharge from SN services and let therapy continue and close out the case. The Administrator stated the patient could have been discharged from SN on 11/4 or 11/10/15.</p> <p>S. SN visits continued to be provided on 11/4 and 11/11/15. The Visit Note Report dated 11/4/15 stated, "Pain ... all of the time. ... Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds" stated, "No problems identified."</p> <p>T. The visit note repeated instructions/interventions identified on 10/30/15. The Visit Note Report dated 11/4/15 stated, "Interventions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony</p>						

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	<p>prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 17. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>U. The Goals Met previously on 10/30/15 were repeated as being re-instructed on and met again on 11/4/15 visit and listed as: 1. Patient/caregiver ill verbalized understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions</p>			

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	<p>implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>V. The Visit Note Report dated 11/11/15 stated, "Pain ... all of the time. Indicate Patient Pain Scale Rating: 8."</p> <p>W. The visit note repeated instructions/interventions identified on 11/4/15. The Visit Note Report dated 11/11/15 stated, "Interventions Provided: 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 17. Instruct in nutritional requirements to promote good skin integrity and healing." The Visit Report Note dated 10/30/15 evidenced</p>			

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	<p>the wound healed.</p> <p>X. The Goals Met previously on 11/4/15 were repeated as being re-instructed on and met again on 11/1/15 visit and listed as: 1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed on 10/30/15.</p>						

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	<p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls. SN for:</p> <ul style="list-style-type: none"> -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain level to physician; -Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; - Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -SN for urinary incontinence screening and intervention; SN to provide skilled teaching related to urinary incontinence management. May obtain urinalysis and 			

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	<p>culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention.</p> <p>-SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications, SN for administration of saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention.</p>			

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	<p>GOALS;</p> <ul style="list-style-type: none"> -Pulse oximetry results obtained. -Changes in respiratory status will be identified and reported to physician for prompt intervention to minimize associated risks; -Improvement in urinary incontinence; -Improvement in management of urinary incontinence; -Exacerbations of gastrointestinal disease will be promptly identified and interventions implemented to minimize risks to patient. -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. -Patient will have bowel patency; -Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention, -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced; -Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request; -Patient/caregiver will demonstrate ability to safely manage medications. 			
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	<p>A. The SN Visit Note Report Narrative section dated 9/10/15 stated, "Patient seen for RN visit and HHA supervisory visit. ... Denies difficulty breathing. Bilateral lung sounds clear. Active bowel sounds x 4 quadrants. Reports BM [bowel movement] this morning. No edema noted. Denies falls. Denies chest pain. Denies depression. No new skin issues present. Skin remains intact. Reports good appetite at meal time. Spastic movement noted at times due to Huntington's diagnosis. Patient reports ... taking [their] medication as prescribed and feels much better. ... Discharge teaching: Continue meds as ordered. Keep all follow up appointments with physicians. Signs and symptoms of hypertension: chest pain, shortness of breath, heart palpitations, facial flushing. Fall precautions. Med teaching: Ziac: effect, dose, frequency, side effects. ... Patient voices understanding of all teaching completed today."</p> <p>B. The Visit Note Report dated 9/10/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony</p>				

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	<p>prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. 6. Obtain pulse oximetry for shortness of breath. ... 9. Instruct in nutritional requirements to promote good skin integrity and healing."</p> <p>C. The SN Visit Note Report dated 9/10/15 section titled "Goals Met," stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver</p>			

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	<p>demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Pulse oximetry completed this visit. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 9. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote food skin integrity. ... 12. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Integumentary/Wounds stated, "No problems identified." The assessment section for Cardiovascular stated, "Hypertension." The vital signs were recorded as temperature 98.7, pulse 68, respirations 18, and blood pressure 118/78.</p> <p>D. The SN Visit Note Report dated 9/24/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate</p>			

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	<p>pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. ... 5. Obtain pulse oximetry for shortness of breath. ... 8. Instruct in nutritional requirements to promote good skin integrity and healing. ... 12. Instruct importance of following prescribed diet after discharge."</p> <p>E. The Goals Met previously on 9/10/15 were repeated as being re-instructed on and met again on 9/24/15 visit and listed as: "1. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. 4. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity." -The agency failed to notify the physician to remove the Met Goals and modify/revise the POC on 9/10/15.</p> <p>F. The SN Visit Note Report dated 10/6/15 section titled "Interventions Provided," stated, "1. Instruct</p>				

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	<p>patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruct patient/caregiver regarding measures to assist in managing urinary incontinence-adult briefs, disposable underpads, condom catheters."</p> <p>G. The SN Visit Note Report dated</p>			

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	10/6/15 section titled "Goals Met," previously on 9/24/15 were repeated as being re-instructed on and met again on 10/6/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruction regarding urinary incontinence completed for this episode. 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Cardiovascular stated, "No				

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	<p>problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>H. The SN Recertificaation Outcome Assessment and Information Set (OASIS)Visit Note Report dated 10/26/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures.</p>			

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	<p>... 7. Perform assessment for urinary incontinence. ... UA [Urinalysis] and C & S [culture and sensitivity] obtained. 8. Instruct patient/caregiver regarding causes and complication of constipation/diarrhea. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing." The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified."</p> <p>I. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient."</p>			

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	<p>- The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>J. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at this time." The record failed to evidence the patient was discharged from SN services.</p> <p>3. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "1. Following the initial assessment, a Care Plan shall be developed with the client and/or caregiver. The interventions shall correspond to the problems identified, services needed and the client goals for the episode of care. 2. The Care Plan shall be reviewed, evaluated, and revised (minimally every sixty (60) days and as needed) based upon the client's health status and/or environment, ongoing client assessments, caregiver support systems, and the effectiveness of the interventions</p>						

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	<p>in achieving progress toward goals. All changes will be communicated to the appropriate staff members. 3. The Care Plan shall include, but not be limited to:</p> <p>a. Problems and needs identified related to diagnosis. b. Reasonable, measurable, and realistic goals as determined by the assessment and client expectations. c. A list of specific interventions with plans for implementation. d. Indicators for measuring goals achievement and identified time frames. 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs."</p> <p>4. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "Purpose ... To ensure appropriate, quality care is being provided to clients. ... To modify the plan to reflect needs or changed identified by members of the ream and avoid duplication of services. To identify needs to modify the plan of care. ... Special Instructions ... 2. Interdisciplinary care conferences shall be conducted as often as necessary to respond to changes in the client's needs, services, care, or goals. 3. After the initial assessment the admitting Registered Nurse/Therapist shall communicate the findings of the initial</p>			

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	<p>visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... d. Client's need for skilled nursing care. e. Need for other services and/or referral to community resources. ... 7. The Nurse Case Manager or Clinical Supervisor will assume responsibility for updating/changing the Care Plan and communicating changes to caregivers within 24 hours following the conference or changes. The physician will be contacted when his/her approval for that change is necessary and to alert the physician to changes in client condition. ... 9. GLC will identify a communication system to assure that all disciplines and departments are informed of changes to plan and/or need for modification."</p> <p>5. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The Registered Nurse: ... b. Regularly reevaluates the client needs, and coordinates the necessary services. c. Initiates the Plan of Care and necessary revisions and updates to the plan of care and the care plan. d. Provides services requiring specialized nursing skill ... e. Informs the physician and other personnel of changes in the client condition and needs. ... 2. The Licensed Practical Nurse: ... d. Reports findings and observation to</p>			

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G 0173 Bldg. 00	<p>the registered nurse, physician and other members of the team to assure coordination and timely response to client changes or needs. ... 3. Skilled nursing activities in the home care setting may include: observation and assessment, teaching and training activities. Management and evaluation of the care plan and routine and complex skilled procedures."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. Based on record review, the agency failed to ensure the admitting nurse initiated revisions to the plan of care, and failed to notify the physician of the need to alter the plan of care pain goal for 1 of 20 records reviewed. (# 10)</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of</p>	G 0173	<p>G173 To assure compliance with 484.30(a), Duties of the Registered Nurse, the following interventions were implemented:</p> <ul style="list-style-type: none"> • All RN's received education by 12/24/15 on Policy C-200 Skilled nursing services with a focus on the requirement of the RN to provide ongoing assessment and update of the plan of care. This includes physician notification of goals not met, uncontrolled pain, or other changes in patient condition. All interventions must be applicable 	12/24/2015

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	<p>Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for:</p> <ul style="list-style-type: none"> -Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications; -Evaluate patient and develop plan of care to be counter signed by physician; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request; =Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam; -Provide assessment and 		<p>to the plan of care.</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 173 of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 173 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process (Exhibit 14)</p>	

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	<p>teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease</p>			

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	<p>process laminectomy surgery including self management of neurologic disease;</p> <ul style="list-style-type: none"> -SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN ass feet and reinforce diabetes mellitus foot care; -SN observation and reaching integumentary status to promote optimum skin integrity; -SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound; -SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization; -Skilled instruction of medication regimen to identify changes/complications for early intervention; -SN to provide interventions to improve balance and reduce the risk of falls; -SN to instruct patient/caregiver on preventive measures to reduce pressure 			

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	<p>ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96> 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension</p>			

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	<p>disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained; -Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process; -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency; -Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease; -Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home; -Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin; -Wound complications avoided; -Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period; -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ;</p>			

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	<p>-Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls;</p> <p>-Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised; failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met were not being continued.</p> <p>B. The start of care assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating:</p>			

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	<p>9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130."</p> <p>C. The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p>			

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G 0174 Bldg. 00	<p>2. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The Registered Nurse: ... b. Regularly reevaluates the client needs, and coordinates the necessary services. c. Initiates the Plan of Care and necessary revisions and updates to the plan of care and the care plan. d. Provides services requiring specialized nursing skill ... e. Informs the physician and other personnel of changes in the client condition and needs. ... 2. The Licensed Practical Nurse: ... d. Reports findings and observation to the registered nurse, physician and other members of the team to assure coordination and timely response to client changes or needs. ... 3. Skilled nursing activities in the home care setting may include: observation and assessment, teaching and training activities. Management and evaluation of the care plan and routine and complex skilled procedures."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse furnishes those services requiring substantial and specialized nursing skill. Based on record review, and interview,</p>	G 0174	G 174 To assure compliance with	12/24/2015

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	<p>the agency failed to ensure the nursing staff accurately measured the Peripherally Inserted Central Catheter (PICC) line for 1 of 1 record reviewed of patients receiving PICC line care. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in</p>		<p>484.30(a), Duties of the Registered Nurse, the following interventions were implemented:</p> <ul style="list-style-type: none"> All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. • A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. <p>An audit will be performed by the administrator or designee to assure compliance with G 174 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p>		

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	<p>centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC line and failed to evidence the nurse changed the dressing using sterile technique.</p> <p>C. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p> <p>D. The SN Visit Note dated 11/3/15 by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line</p>			

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	<p>was measured during the dressing change.</p> <p>E. The SN Visit Note Report dated 11/6/15 by employee G stated, "Indicate PICC Catheter Site Assessment: Red. ... Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the redness at the PICC catheter site.</p> <p>F. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>2. During interview on 11/16/15 at 3:00 PM, the Administrator stated PICC dressing changes should be sterile.</p> <p>3. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>4. The agency's undated policy titled</p>			

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G 0176 Bldg. 00	<p>"Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>5. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. Based on record review, and interview,</p>	G 0176	G176 To assure compliance with	12/24/2015	

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	<p>the agency failed to ensure the nurses notified the physician of changes in Peripherally Inserted Central Catheter (PICC) length for 1 of 1 patient records reviewed receiving PICC line care (# 3), and failed to measure wounds weekly for 1 of 2 patients receiving wound care (# 4).</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G,</p>		<p>484.30(a), Duties of the Registered Nurse, the following interventions were implemented:</p> <ul style="list-style-type: none"> All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. • A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. • All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15. <p>An audit will be performed by the administrator or designee to assure compliance with G 176 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and</p>		

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	<p>Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p> <p>2. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>3. The clinical record for patient # 4 was reviewed on 11/17/15. The start of care date was 9/20/15. The POC dated 9/20-11/18/15 contained orders for SN 6 times a week for 1 week, 7 times a week for 1 week, 2 times a week for 1 week, then 1 time a week for 6 weeks, with 3 as needed visits for pain, falls, respiratory/cardiac, wound complications, mental status changes. SN for teaching and intervention related to wounds. Area to ball of left foot</p>		<p>will be completed through the clinical record review process. (Exhibit 6)</p> <p>An audit will be performed by administrator/designee to assure compliance with G 176 of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p>		

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	<p>cleanse with wound cleanser, apply betadine and let dry, every day. Area to right upper arm cleanse with wound cleanser, apply Santyl and cover with lightly moistened gauze and dry and dry gauze. Area to right hip cleanse with wound cleanser, apply Santyl cover with lightly moistened gauze and cover with dry gauze.</p> <p>A. The Wound Assessment Tool Report dated 9/27-11/3/15 failed to evidence the Upper Right Arm, Right Hip, and Left Ball of Foot wounds were measured the weeks of 9/27-10/3, 10/4-10/10, and 11/1-11/3.</p> <p>4. During interview on 11/17/15 at 11:45 AM, the Administrator stated she did not see any documentation of wound measurements during those weeks.</p> <p>5. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early</p>			

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G 0179 Bldg. 00	<p>detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>6. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>7. The agency's policy titled "Assessment of Skin Integrity," # G-095, revised 12/18/14 stated, "If a wound is present measurements will occur at least once a week if the patient is being seen weekly."</p> <p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE The licensed practical nurse furnishes services in accordance with agency policy. Based on record review and interview, the agency failed to ensure the Licensed Practical Nurse (LPN) followed Peripherally Inserted Central Catheter (PICC) Line policies and procedures for measuring and changing PICC dressings 1 of 1 record reviewed receiving PICC</p>	G 0179	G 179 To assure compliance with 484.30(b), Duties of the Registered Nurse, the following interventions were implemented: · All LPN and RN staff received education by 12/24/15, that included hands on	12/24/2015

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	<p>line care. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed</p>		<p>demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line.</p> <p>• A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits.</p> <p>An audit will be performed by the administrator/ designee to assure compliance with G 179 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p>		

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	<p>Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC line and failed to evidence the nurse changed the dressing using sterile technique.</p> <p>C. The SN Visit Note dated 11/3/15 by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line was measured during the dressing change.</p> <p>D. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>2. During interview on 11/16/15 at 3:00</p>			

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	<p>PM, the Administrator stated PICC dressing changes should be sterile.</p> <p>3. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the LPN that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>4. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>5. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile</p>			

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G 0202 Bldg. 00	<p>gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>484.36 HOME HEALTH AIDE SERVICES</p> <p>Based on record review and interview, the agency failed to ensure home health aide (HHA)skills competency checks included bathing patients for 4 of 5 Home Health Aide files reviewed; failed to ensure the filed skills competencies included transfer and range of motion for 2 of 5 files reviewed; and failed to ensure an arrangement or agreement existed for the acquired agency to provide HHA services to 1 of 73 patients with HHA services listed on the South Bend branch census (See G 212); failed to ensure the skills competency of the Home Health Aides included hands-on supervision of the skills bathing, transfers, and range of motion for 3 of 5 HHA files reviewed; failed to ensure the field skills competencies for 2 of 5 Home Health Aide files reviewed; and failed to ensure the acquired agency had an arrangement or agreement to provide HHA services for 4 of 73 patients HHA services, listed on the South Bend branch census (See G 218); failed to ensure the home health aide followed the aide plan of care and</p>	G 0202	<p>G 202 To assure compliance with 484.36, Home Health Aide Services, the following interventions have been implemented:</p> <p>G 212 <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA To ensure the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements in compliance with 484.36(b)(1): <ol style="list-style-type: none"> Beginning September 21, 2015 the skills competency checks included bathing patient, </p>	12/24/2015

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	<p>reported vital signs to the registered nurse for 2 of 9 records reviewed receiving HHA services (See G 225); and failed to ensure the Registered Nurse supervised the Home Health Aides every two weeks for 3 of 9 records reviewed receiving HHA services with a skilled service for longer than 2 weeks, and failed to ensure the parent or branch provided HHA supervision every 2 weeks for 1 of 1 records reviewed receiving HHA services from the acquired agency (See G 229).</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment.</p>		<p>transfer and range of motion as well as all other required skills.</p> <p>b. On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed that the skill was performed on a patient, the employee who observed these skills as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015.</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 212 of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p> <p>G 218</p> <ul style="list-style-type: none"> • To ensure the individuals who furnish home health aide services on its behalf meet the competency evaluation 		

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			<p>requirements in compliance with 484.36(b)(3)(iii):</p> <p>c. Beginning September 21, 2015 the skills competency checks included bathing patient, transfer and range of motion as well as all other required skills.</p> <p>d. On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed that the skill was performed on a patient, the employee who observed these skills as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015.</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 218 of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5) G 225</p>	

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			<ul style="list-style-type: none"> • All Home Health Aides attended training by 12/24/15 that included: review of policies C-800 Home Health Aide Documentation and C-751 Home Health Aide Care Plan, and documentation requirements including notification to the RN/Clinical supervisor of any vital signs outside of the ordered parameters for the patient. An audit will be performed by the administrator /designee to assure compliance with G 225 of 100% of HHA visits to ensure compliance with reporting as outlined in Policies C-800 and C-200 until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 7) <p>G 229 To ensure compliance with 484.36(d)(2) Supervision, the following interventions were initiated:</p> <ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to 	

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G 0212 Bldg. 00	<p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</p> <p>Based on record review, and interview, the agency failed to ensure home health aide (HHA) skills competency checks included bathing patients for 4 of 5 Home Health Aide (HHA) files reviewed (C, I, N, and P); failed to ensure the filed skills competencies included transfer and range</p>	G 0212	<p>provide the agency services such as PT, OT, SLP, SN, MSW and HHA</p> <ul style="list-style-type: none"> • All RNs attended training by 12/24/15 on Home Health Aide Supervisory visits with review of policy C-340 Home Health Aide Supervision. <p>An audit will be performed by the administrator/ designee to assure compliance with G 229 of 100% of patients receiving HHA services to ensure HHA supervisory visits are completed as outlined in policy C-340 until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 18)</p> <p>G 212 To assure compliance with 484.36(b)(1), the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency 	12/22/2015

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	<p>of motion (ROM) for 2 of 5 files reviewed (I and N); and failed to ensure an arrangement or agreement existed for the acquired agency to provide HHA services to 1 of 73 patients with HHA services listed on the South Bend branch census (# 16).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During interview on 11/19/15 at 1:35 PM, employee T, the Registered Nurse (RN) Educator, stated the agency does skill check offs for the HHAs on site at the parent office using a mannequin for on-boarding, and includes performing a bed bath and a discussion of shower and sponge bathing, and the next day is spent in the field with a RN for the HHA to be checked off. Employee T stated the RN preceptor gets a copy of the check list to go into the field to go over with the aides. 2. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does not have the competency check off sheets for bathing hands-on in the field for employees C, I, N and P due to a process change of assessing skills out in the field. 3. During interview on 11/19/15 at 12:20 PM, employee L, Human Resources, stated the agency does not keep track of official first patient care dates, as the 		<p>referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA</p> <p>• To ensure the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements in compliance with 484.36(b)(1):</p> <ol style="list-style-type: none"> a. Beginning September 21, 2015 the skills competency checks included bathing patient, transfer and range of motion as well as all other required skills. b. On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed that the skill was performed on a patient, the employee who observed these skills as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015. <p>An audit will be performed by the administrator/designee to assure</p>		

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	<p>employees are usually in the office for orientation and skills lab for approximately a week, so they just say first patient contact date is 5 days after date of hire.</p> <p>4. During interview on 11/19/15 at 2:30 PM, the Administrator stated the annual skills competencies for the HHAs are done in the lab with the mannequin for all Great Lakes HHAs.</p> <p>5. Employee file C, a HHA, was reviewed on 11/19/15. Date of hire 4/2/12, first patient contact date 4/7/12. The file contained a "Summary Documentation for Skills Demonstration Checklists," date 4/4/12. The section titled "Where Observed" stated "Lab ... 1A Temperature, 1B Pulse and Respiration, 2 Bed Bath, 3 Sponge, Tub, or Shower Bath, 4A Shampoo in Bed, 4B Shampoo at Sink or in Tub, 5A Nail Care, 5B Skin Care, 5C Backrub, 6 Oral Hygiene, 7A Urinal, 7B Bedpan, 8A Transfer Techniques, 8B Ambulation, 9A Range of Motion Exercises, 9B Positioning, 10 Make Occupied Bed." The checklist failed to evidence any of the skills were assessed being performed on a patient.</p> <p>6. Employee file I, a HHA, was reviewed on 11/19/15. Date of hire 10/15/12, first</p>		<p>compliance with G 212 of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p>		

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	<p>patient contact date 10/20/12. The file contained a "Summary Documentation for Skills Demonstration Checklists," date 10/16/12. The section titled "Where Observed" stated "Lab ... 1A Temperature, 1B Pulse and Respiration, 2 Bed Bath, 3 Sponge, Tub, or Shower Bath, 4A Shampoo in Bed, 4B Shampoo at Sink or in Tub, 5A Nail Care, 5B Skin Care, 5C Backrub, 6 Oral Hygiene, 7A Urinal, 7B Bedpan, 8A Transfer Techniques, 8B Ambulation, 9A Range of Motion Exercises, 9B Positioning, 10 Make Occupied Bed." The checklist failed to evidence any of the skills were assessed being performed on a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," stated "Day 4 Will be spent in field with RN completing the: National Home Care Aide Certification Program" and the section titled "Demonstrate/Observe" was dated 11/7/12 and stated, "Hand Washing, Cleaning of equipment between patient usage, Bag Technique, Universal Precautions Kit Use, Vital Signs (blood pressure, pulse, respiration, temp), Hoyer Lift, Meals Preparation, Special Diets, Application of TED hose, Communication Skills, Observation, reporting and documentation of patient status and the care or service furnished,</p>			

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	<p>Basic elements of body functioning and changes in body function that must be reported to a RN, Maintenance of a clean, safe and healthy environment, Recognizing emergencies and knowledge of emergency procedures, Physical, emotional and developmental needs of patients, and Respect for the patient, privacy and property." This checklist failed to evidence bathing, transfer, and range of motion (ROM).</p> <p>7. Employee file N, a HHA, was reviewed on 11/19/15. Date of hire 5/12/14, first patient contact date 5/17/14. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," stated "Day 4 Will be spent in field with RN completing the: National Home Care Aide Certification Program" and the section titled "Demonstrate/Observe" was dated 5/13/14 and stated, "Hand Washing, Cleaning of equipment between patient usage, Bag Technique, Universal Precautions Kit Use, Vital Signs (blood pressure, pulse, respiration, temp), Hoyer Lift, Special Diets, Application of TED hose, Communication Skills, Observation, reporting and documentation of patient status and the care or service furnished, Basic elements of body functioning and changes in body function that must be reported to a RN,</p>			

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING			STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902		
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	<p>Maintenance of a clean, safe and healthy environment, Recognizing emergencies and knowledge of emergency procedures, Physical, emotional and developmental needs of patients, and Respect for the patient, privacy and property." This checklist failed to evidence bathing, transfer, and ROM.</p> <p>8. Employee file P, a HHA, was reviewed on 11/19/15. Date of hire 5/27/15, first patient contact date 5/31/15. The document titled "Skills Checklist Assignment Detail" dated 5/26/15 stated, "MET" for "Assist patient in and out of shower, Assist to Chair, Assist with Walker, Assist with Walking, Backrub, Bed Bath, Bedpan/Fracture Pan, Blood Pressure, Check Skin, Handwashing Technique, Hoyer Lift, Make Occupied Bed, Nail Care, Oral Hygiene, Oral Temperature, Positioning, Pulse and Respiration, Range of Motion, TED Hose, Transfer Patient to wheelchair and transport, Urinal Care, Shaving-Electric, and Shaving- Safety." This document failed to evidence skills were performed in the field, and only evidenced employee T's signature.</p> <p>9. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was</p>				

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	<p>listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided services by the acquired agency.</p> <p>B. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>C. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>D. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>10. The agency's job description titled "Home Health Aide," revised 6/6/14</p>			

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	<p>stated, "Job Qualifications: Education: ... Must provide a satisfactory evidence of successful completion of: 1. a State-established or other Home Health Aide training program that meets the requirements of 42 CFR 484.36(a) and a competency evaluation program. ... Otherwise, must successfully complete a Home health Aide training and competency evaluation program prior to providing direct patient care."</p> <p>11. The agency's policy titled "Home Health Aide Services," # C-220, reviewed March 2015 stated, "All individuals providing home health aide services will be qualified through training and/or competency evaluations. ... Purpose To abide by state/federal guidelines and offer guidelines to GLC staff, physicians, and community for the appropriate utilization of Home Health Aide Services. Special Instructions 1. Home Health Aide services may include: a. Providing personal care services including bathing, dressing, feeding, weighing, back rubs, skin care and shampoos as direct by the care plan and licensed professional. b. Assisting with client transfers, ambulation and protecting the client from falls. ... g. Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist, h. Assisting</p>			

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G 0218 Bldg. 00	<p>with range of motion exercises."</p> <p>12. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The registered nurse: ... h. Supervises and teaches other nursing personnel and home health aides as appropriate."</p> <p>484.36(b)(3)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAINING</p> <p>The subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section must be evaluated after observation of the aides performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient.</p> <p>Based on record review, and interview, the agency failed to ensure the skills competency of the Home Health Aides (HHAs) included hands-on supervision of the skills bathing, transfers, and range of motion (ROM) for 3 of 5 HHA files reviewed; failed to ensure the field skills competencies for 2 of 5 Home Health</p>	G 0218	<p>G 218</p> <p>To assure compliance with 484.36(b)(3)(iii), the following interventions have been implemented:</p> <ul style="list-style-type: none"> • To ensure the individuals who furnish home health aide services on its behalf meet the competency evaluation 	12/22/2015

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	<p>Aide (HHA) files reviewed; and failed to ensure the acquired agency had an arrangement or agreement to provide HHA services for 4 of 73 patients HHA services, listed on the South Bend branch census.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During interview on 11/19/15 at 1:35 PM, employee T, the Registered Nurse (RN) Educator, stated the agency does skill check offs for the HHAs on site at the parent office using a mannequin for on-boarding, and includes performing a bed bath and a discussion of shower and sponge bathing, and the next day is spent in the field with a RN for the HHA to be checked off. Employee T stated the RN preceptor gets a copy of the check list to go over with the aides. 2. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does not have the competency check off sheets for bathing hands-on in the field for home health aides C, I, N and P, due to a process change of assessing skills out in the field. 3. During interview on 11/19/15 at 12:20 PM, employee L, Human Resources, stated the agency does not keep track of official first patient care dates, as the 		<p>requirements in compliance with 484.36(b)(3)(iii):</p> <ol style="list-style-type: none"> a. Beginning September 21, 2015 the skills competency checks included bathing patient, transfer and range of motion as well as all other required skills. b. On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed that the skill was performed on a patient, the employee who observed these skills as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015. <p>An audit will be performed by the administrator/designee to assure compliance with G 218 of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p>		

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	<p>employees are usually in the office for orientation and skills lab for approximately a week, so they just say first patient contact date is 5 days after date of hire.</p> <p>4. During interview on 11/19/15 at 2:30 PM, the Administrator stated the annual skills competencies for the HHAs are done in the lab with the mannequin.</p> <p>5. Employee file C, a HHA, was reviewed on 11/19/15. Date of hire 4/2/12, first patient contact date 4/7/12. The file contained a "Summary Documentation for Skills Demonstration Checklists," date 4/4/12. The section titled "Where Observed" stated "Lab ... 1A Temperature, 1B Pulse and Respiration, 2 Bed Bath, 3 Sponge, Tub, or Shower Bath, 4A Shampoo in Bed, 4B Shampoo at Sink or in Tub, 5A Nail Care, 5B Skin Care, 5C Backrub, 6 Oral Hygiene, 7A Urinal, 7B Bedpan, 8A Transfer Techniques, 8B Ambulation, 9A Range of Motion Exercises, 9B Positioning, 10 Make Occupied Bed." The checklist failed to evidence any of the skills were assessed being provided on a patient.</p> <p>6. Employee file I, a HHA, was reviewed on 11/19/15. Date of hire 10/15/12, first patient contact date 10/20/12. The file</p>			

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	<p>contained a "Summary Documentation for Skills Demonstration Checklists," date 10/16/12. The section titled "Where Observed" stated "Lab ... 1A Temperature, 1B Pulse and Respiration, 2 Bed Bath, 3 Sponge, Tub, or Shower Bath, 4A Shampoo in Bed, 4B Shampoo at Sink or in Tub, 5A Nail Care, 5B Skin Care, 5C Backrub, 6 Oral Hygiene, 7A Urinal, 7B Bedpan, 8A Transfer Techniques, 8B Ambulation, 9A Range of Motion Exercises, 9B Positioning, 10 Make Occupied Bed." The checklist failed to evidence any of the skills were assessed being provided on a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," stated "Day 4 Will be spent in field with RN completing the: National Home Care Aide Certification Program" and the section titled "Demonstrate/Observe" was dated 11/7/12 and stated, "Hand Washing, Cleaning of equipment between patient usage, Bag Technique, Universal Precautions Kit Use, Vital Signs (blood pressure, pulse, respiration, temp), Hoyer Lift, Meals Preparation, Special Diets, Application of TED hose, Communication Skills, Observation, reporting and documentation of patient status and the care or service furnished, Basic elements of body functioning and</p>			

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	<p>changes in body function that must be reported to a RN, Maintenance of a clean, safe and healthy environment, Recognizing emergencies and knowledge of emergency procedures, Physical, emotional and developmental needs of patients, and Respect for the patient, privacy and property." This checklist failed to evidence bathing, transfer, and ROM.</p> <p>7. Employee file N, a HHA, was reviewed on 11/19/15. Date of hire 5/12/14, first patient contact date 5/17/14.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," stated "Day 4 Will be spent in field with RN completing the: National Home Care Aide Certification Program" and the section titled "Demonstrate/Observe" was dated 5/13/14 and stated, "Hand Washing, Cleaning of equipment between patient usage, Bag Technique, Universal Precautions Kit Use, Vital Signs (blood pressure, pulse, respiration, temp), Hoyer Lift, Special Diets, Application of TED hose, Communication Skills, Observation, reporting and documentation of patient status and the care or service furnished, Basic elements of body functioning and changes in body function that must be</p>			

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	<p>reported to a RN, Maintenance of a clean, safe and healthy environment, Recognizing emergencies and knowledge of emergency procedures, Physical, emotional and developmental needs of patients, and Respect for the patient, privacy and property." This checklist failed to evidence bathing, transfer, and ROM.</p> <p>8. Employee file P, a HHA, was reviewed on 11/19/15. Date of hire 5/27/15, first patient contact date 5/31/15. The document titled "Skills Checklist Assignment Detail" dated 5/26/15 failed to evidence skills were performed in the field and only evidenced employee T's signature.</p> <p>9. The agency's job description titled "Home Health Aide," revised 6/6/14 stated, "Job Qualifications: Education: ... Must provide a satisfactory evidence of successful completion of: 1. a State-established or other Home Health Aide training program that meets the requirements of 42 CFR 484.36(a) and a competency evaluation program. ... Otherwise, must successfully complete a Home health Aide training and competency evaluation program prior to providing direct patient care."</p> <p>10. The agency's policy titled "Home</p>			

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G 0225 Bldg. 00	Health Aide Services," # C-220, reviewed March 2015 stated, "All individuals proving home health aide services will be qualified through training and/or competency evaluations. ... Purpose To abide by state/federal guidelines and offer guidelines to GLC staff, physicians, and community for the appropriate utilization of Home Health Aide Services. Special Instructions 1. Home Health Aide services may include: a. Providing personal care services including bathing, dressing, feeding, weighing, back rubs, skin care and shampoos as direct by the care plan and licensed professional. b. Assisting with client transfers, ambulation and protecting the client from falls. ... g. Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist, h. Assisting with range of motion exercises." 484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE The home health aide provides services that are ordered by the physician in the plan of				

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	<p>care and that the aide is permitted to perform under state law.</p> <p>Based on record review, and interview, the agency failed to ensure the home health aide(HHA) followed the aide plan of care and reported vital signs to the registered nurse for 2 of 9 records reviewed receiving HHA services. (# 2 and 12)</p> <p>Findings include:</p> <p>1. The clinical record for patient # 2 was reviewed on 11/16/15. The start of care date was 10/10/15. The record contained a plan of care (POC) dated 10/10-12/8/15 with orders for HHA effective 10/11/15 2 visits a week for 3 weeks.</p> <p>A. The Aide Care Plan Report dated 10/10-12/8/15 stated, "Vital Signs that Require Physician Notification by SN: ... Blood Pressure Upper 170/90, Lower 80/50."</p> <p>B. The Visit Note Report dated 10/14/15 by employee C, HHA, stated, "Blood Pressure 174/82. ... Physician Contacted: No. Comments: [patient] said ... feeling fine." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>C. The Visit Note Report dated</p>	G 0225	<p>G 225</p> <p>To assure compliance with 484.36(c)(2), the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All Home Health Aides attended training by 12/24/15 that included: review of policies C-800 Home Health Aide Documentation and C-751 Home Health Aide Care Plan, and documentation requirements including notification to the RN/Clinical supervisor of any vital signs outside of the ordered parameters for the patient. An audit will be performed by the administrator /designee to assure compliance with G 225 of 100% of HHA visits to ensure compliance with reporting as outlined in Policies C-800 and C-200 until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 7) 	12/24/2015			

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	<p>10/17/15 by employee W, HHA, stated, "Blood Pressure 173/91. ... Physician Contacted: No. Comments: SYS: 173 over 91 DIAS ." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>D. During interview on 11/16/15 at 1:45 PM, the Administrator stated the agency could not find any notes saying the HHAs called the nurses on 10/14 or 10/17/15 to notify of vital signs being high.</p> <p>2. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC dated 9/17-11/15/15 contained orders for HHA 1 visit a week for 3 weeks.</p> <p>A. The Aide Care Plan Report dated 9/17-11/15/15 stated, "Vital Signs that Require Physician Notification by SN: ... Blood Pressure Upper 170/90, Lower 80/50."</p> <p>B. The Visit Note Report dated 10/28/15 by employee X, HHA, stated, "Blood Pressure 147/95. ... Physician Contacted: No. Comments: DIAS: No dizziness from patient." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p>			

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G 0229 Bldg. 00	<p>3. The agency's policy titled "Home Health Aide: Documentation," # C-800, reviewed March 2015 stated, "2. The Home Health Aide shall be responsible for reporting any changes in the client's condition or other pertinent observations to the Clinical Supervisor."</p> <p>4. The agency's policy titled "Home Health Aide Care Plan," # C-751, reviewed March 2015 stated, "Policy ... All home health aide staff will follow the identified plan."</p> <p>5. The agency's policy titled "Home Health Aide Services," # C-220, reviewed March 2015 stated, "Special Instructions 1. Home Health Aide services may include: g. Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist."</p> <p>484.36(d)(2) SUPERVISION The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks. Based on record review, the agency failed to ensure the Registered Nurse (RN)</p>	G 0229	G 229 To ensure compliance with 484.36(d)(2) Supervision, the	12/24/2015			

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	<p>supervised the Home Health Aides (HHA) every two weeks for 3 of 9 records reviewed receiving HHA services with a skilled service for longer than 2 weeks (# 12, 14 and 16), and failed to ensure the parent or branch provided HHA supervision every 2 weeks for 1 of 1 records reviewed receiving HHA services from the acquired agency (# 16).</p> <p>Findings include:</p> <p>1. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC dated 9/17-11/15/15 contained orders for HHA 1 visit a week for 3 weeks, and Skilled Nursing (SN)1 time a week for 2 weeks, 1 every 2 week for 6 weeks, and 3 as needed visits for falls, etcetera.</p> <p>A. The record evidenced a HHA supervisory visit was conducted on 9/22/15, and not again until 10/15/15, then not again until 10/30/15. The record failed to evidence the supervisory visits were conducted every 2 weeks and within the appropriate dates. After the 9/22/ supervisory visit, the next ones should have been conducted on 10/6/15, 10/20/15, and 11/3/15.</p> <p>2. The clinical record for patient # 14, start of care date 6/29/15 was reviewed</p>		<p>following interventions were initiated:</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA All RNs attended training by 12/24/15 on Home Health Aide Supervisory visits with review of policy C-340 Home Health Aide Supervision. <p>An audit will be performed by the administrator/ designee to assure compliance with G 229 of 100% of patients receiving HHA services to ensure HHA supervisory visits are completed as outlined in policy C-340 until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 18)</p>	

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING	STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902
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	<p>on 11/19/15 and contained a POC dated 10/27-12/25/15 with orders for SN 1 time a week for 1 week, 1 time every two weeks for 8 weeks, and 3 as needed visits for labs, safety, and abnormal bleeding; and HHA 1 time a week for 1 week, then two times a week for 8 weeks.</p> <p>A. The record evidenced a HHA supervisory visit was conducted on 10/22/15, and not again until 11/12/15. The record failed to evidence the supervisory visits were conducted every 2 weeks and within the appropriate dates. After the 10/22/15 supervisory visit, the next one should have been conducted on 11/5/15.</p> <p>B. During interview on 11/19/15 at 11:10 AM, the Administrator stated the next supervisory visit should have been conducted around 11/3/15.</p> <p>3. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. The plan of care dated</p>			

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	<p>3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; HHA 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>B. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>C. The record evidenced a HHA supervisory visit was conducted on 4/7/15 by employee NN, and not again until 4/24/15 by employee NN. The record failed to evidence the HHA supervisory visits were conducted by the parent agency or South Bend branch, and failed to evidence the supervisory visits were conducted every 2 weeks and within the appropriate dates. After the 4/7/15 supervisory visit, the next one should have been conducted on 4/21/15.</p> <p>D. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient #</p>						

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	<p>16 was provided services by the acquired agency.</p> <p>E. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>F. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>G. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired</p>						

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	<p>agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>4. The agency's policy titled "Home Health Aide Supervision," # C-340, reviewed March 2015 stated, "3. Supervisory visits of Home Health Aides shall be according to the following frequency: a. When skilled nursing services are being provided to a client, a Registered Nurse must make a supervisory visit to the client's residence at least every 14 days (either when the Home Health Aide is present to observe and assess care delivery, or when the Home Health Aide is absent) to assess the relationships and determine whether goals are being met. ... 8. If Home Health Aide services are provided by an individual who is not directly employed by GLC but under arrangement, GLC will take responsibility to ensure overall quality of care, provide supervision according to regulations, and ensure that training and competency requirements are met. 9. The aide visit record is reviewed by the Clinical Supervisor or designee to assure services are being provided according to the plan of care."</p> <p>5. The agency's policy titled "Skilled</p>			

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	<p>Nursing Services," # C-200, reviewed March 2015 stated, "1. The registered nurse: ... h. Supervises and teaches other nursing personnel and home health aides as appropriate."</p> <p>6. The agency's policy titled "Supervision of Staff," # C-315, reviewed March 2015 stated, "1. When clients are receiving skilled nursing services in addition to personal care, the Register Nurse will make a supervisory visit to the client's residence at least every two (2) weeks."</p> <p>7. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services</p>			

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G 0235 Bldg. 00	<p>are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."</p> <p>484.48 CLINICAL RECORDS</p> <p>Based on record review and interview, the agency failed to ensure the accuracy of clinical information for 7 of 20 records reviewed (See G 236); and failed to ensure the confidentiality of medical records by allowing an acquired agency to provide services to 26 of 73 active patients listed on both the South Bend branch active patient list and the acquired agency's active patient list, for 1 of 1</p>	G 0235	<p>G 235 To ensure compliance with 484.48 Clinical Records, the following interventions have been implemented :</p> <p>G236 · All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of</p>	12/24/2015

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	<p>record reviewed chosen from the parent agency's Outcome Assessment and Information Set (OASIS) report; and failed to ensure an arrangement or agreement was in place for the corporate office in Michigan to submit OASIS data to the State agency for 1 of 1 agency (See G 239).</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment.</p>		<p>PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line.</p> <ul style="list-style-type: none"> · A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. · All clinical staff were educated by 12/24/15 on policy C-360 Coordination of Client services, C-660 Care Plans, C-155 Client recertification/Follow-up/Resumption of care, C-200 skilled nursing services and C-145 Comprehensive client assessment. · All clinical staff educated on policy C-145 comprehensive client assessment and C-155 Client Recertification/Follow-up/and Resumption of Care. Education included the requirement to recertify within the five day window. · All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection 		

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			<p>control with wound care, by an RN preceptor by 12/24/15.</p> <p>An audit will be performed by the administrator/ designee to assure compliance with G236 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6) An audit will be performed by the administrator/designee to assure compliance with G 236 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process (Exhibit 14)</p> <p>An audit will be performed by administrator/designee to assure compliance with G 236 of 100% of wound care visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and</p>	

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			<p>will be completed through the clinical record review process. (Exhibit 11)</p> <p>An audit will be performed by the administrator/designee of 100% of all recertification visits to verify that they were completed between day 56 and 60 until 100% compliance is met for 4 weeks. After 100% compliance is met for 4 weeks the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 16)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G236 of 100% of all recertification plans of care to ensure that all goals and interventions have been updated from previous certification period until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 15)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G236 of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of</p>	

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			<p>100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>G 239</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. The OASIS review and lock process was revised on 12/13/15 to have the specific provider number Clinical Supervisors or RNs review and lock their responsible areas OASIS. As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. As of December 3rd 2015-All agency South Bend branch patients were assigned to 	

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			<p>the correct South Bend RN Clinical Supervisor.</p> <ul style="list-style-type: none"> • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • On 12/21/15-12/23/15 The Electronic Medical Record access of all employees in the state of Indiana was thoroughly reviewed and updated to assure employees only have access to the locations they are assigned or contracted through. New hire employees and internal employee transfers will need to go through an HR process to assure computer access integrity. <p>An audit will be performed weekly by the administrator/designee to assure 100% compliance with G 239 with the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks. After that 4 weeks of 100% compliance is obtained the audit will decrease to</p>	

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G 0236 Bldg. 00	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress		10% quarterly and will be completed through the clinical record review process. (Exhibit 4) An audit to assure compliance with G 239 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1) An audit will be completed by the administrator/designee on 20% of all employees in regards to their medical record access to assure compliance with protection of records until 100% compliance has been obtained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 17)	

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	<p>notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on record review and interview, the agency failed to ensure the accuracy of clinical information for 7 of 20 records reviewed. (# 3, 4, 10, 11, 12, 13, and 16)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate</p>	G 0236	<p>G236</p> <p>To assure compliance with 484.48, Clinical Records, the following interventions have been implemented:</p> <ul style="list-style-type: none"> · All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. · A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. · All clinical staff were educated by 12/24/15 on policy C-360 Coordination of Client services, C-660 Care Plans, C-155 Client recertification/Follow-up/Resumption of care, C-200 skilled nursing services and C-145 Comprehensive client assessment. · All clinical staff educated on policy C-145 comprehensive 	12/24/2015

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	<p>length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC line and failed to evidence the nurse changed the dressing using sterile technique.</p> <p>C. The SN Visit Note dated 11/3/15 by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line was measured during the dressing change.</p> <p>D. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter</p>		<p>client assessment and C-155 Client Recertification/Follow-up/and Resumption of Care. Education included the requirement to recertify within the five day window.</p> <p>All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15.</p> <p>An audit will be performed by the administrator/ designee to assure compliance with G236 of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6) An audit will be performed by the administrator/designee to assure compliance with G 236 of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the</p>		

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	<p>hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>E. During interview on 11/16/15 at 3:00 PM, the Administrator stated PICC dressing changes should be sterile.</p> <p>F. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the LPN that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>2. The clinical record for patient # 4 was reviewed on 11/17/15. The start of care date was 9/20/15. The POC dated 9/20-11/18/15 contained orders for SN 6 times a week for 1 week, 7 times a week for 1 week, 2 times a week for 1 week, then 1 time a week for 6 weeks, with 3 as needed visits for pain, falls, respiratory/cardiac, wound complications, mental status changes. SN for teaching and intervention related to wounds. Area to ball of left foot cleanse with wound cleanser, apply betadine and let dry, every day. Area to right upper arm cleanse with wound cleanser, apply Santyl and cover with lightly moistened gauze and dry and dry</p>		<p>clinical record review process (Exhibit 14)</p> <p>An audit will be performed by administrator/designee to assure compliance with G 236 of 100% of wound care visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p> <p>An audit will be performed by the administrator/designee of 100% of all recertification visits to verify that they were completed between day 56 and 60 until 100% compliance is met for 4 weeks. After 100% compliance is met for 4 weeks the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 16)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G236 of 100% of all recertification plans of care to ensure that all goals and interventions have been updated from previous certification period until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance, the audit will</p>		

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	<p>gauze. Area to right hip cleanse with wound cleanser, apply Santyl cover with lightly moistened gauze and cover with dry gauze.</p> <p>A. The wound care orders for the right upper arm and the right hip failed to contain frequencies for the wound care.</p> <p>3. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for: -Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications; -Evaluate patient and develop plan of care to be counter signed by physician; -Observation/assessment of respiratory</p>		<p>decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 15)</p> <p>An audit will be performed by the administrator/designee to assure compliance with G236 of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p>		

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	<p>system to identify changes associated with exacerbation for early intervention of complications;</p> <p>-Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request;</p> <p>=Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam;</p> <p>-Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p>			

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	<p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN assess feet and reinforce diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize</p>			

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	<p>risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96 > 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in</p>			

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	<p>the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <ul style="list-style-type: none"> -Improvement in pain interfering with activity; -Pain controlled at level of 3 or less or at a level acceptable to the patient; -Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures; -Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained; -Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process; -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency; -Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease; -Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home; 			

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	<p>-Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin;</p> <p>-Wound complications avoided;</p> <p>-Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period;</p> <p>-Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ;</p> <p>-Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls;</p> <p>-Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention.</p> <p>The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the</p>			

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	<p>lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care Outcome Assessment and Information Set assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130." The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this</p>			

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	<p>case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>4. The clinical record for patient # 11 was reviewed on 11/18/15. The start of care date was 12/9/14. The POC dated 10/5-12/3/15 contained orders for SN 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 2 weeks, then 2 times a week for 1 week, with 3 as needed visits for pain, falls, cardiac/respiratory, gastrointestinal/gastrourinary, diabetic, or wound complications. Need for skilled teaching and intervention related to left heel, and poor skin integrity. Cleanse with wound cleanser, apply collagen, cover with foam dressing. Wrap bilateral lower extremities with 2 layer compression wraps.</p>			

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	<p>A. The POC failed to contain a frequency of the wound care orders.</p> <p>B. During interview on 11/18/15 at 11:25 AM, the Administrator stated there should be a frequency on the wound care orders.</p> <p>5. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC was dated 9/17-11/15/15. The 5 day window for recertification was 9/12-9/16/15.</p> <p>A. The recertification was not completed until 9/22/15.</p> <p>B. The Physician Verbal Order dated 9/16/15 stated, "Patient refused visit today for recertification. Intervention: Reschedule missed visit for Friday 9/18.15."</p> <p>C. The Client Coordination Note Report dated 9/17/15 stated, "This nurse called to set up appointment with patient for recert and was informed that patient was staying with other son to give primary CG [caregiver] respite and to visit. Could be done Monday or Tuesday. Patient apparently received a new Glucometer from Dr. and DIL [daughter in law] would like instructions</p>			

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	<p>on how to use it. Will notify PCP [primary care physician] of delay along with clinical supervisor."</p> <p>D. The Physician Verbal Order form dated 9/18/15 stated, "Patient unavailable for visit on 9/18/15. ... Reschedule recert outside of Medicare week."</p> <p>E. The Visit Note Report dated 9/22/15 stated, "Recertification Visit + Supervisory" ... "(M-0110) Episode Timing: 1-Early," ... "Homebound status ... Patient has a condition such that leaving home is medically contraindicated."</p> <p>F. During interview on 11/18/15 at 1:50 PM, the Administrator stated the patient should have been discharged once the agency found out they would not be able to schedule the recertification visit within the 5 day window.</p> <p>6. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine,</p>			

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	<p>mental, pain, skin, wound status changes, and falls. SN for:</p> <ul style="list-style-type: none"> -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain level to physician; -Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; - Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -SN for urinary incontinence screening and intervention; SN to provide skilled teaching related to urinary incontinence management. May obtain urinalysis and culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention. -SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related 			

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	<p>complications, SN for administration of saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention.</p> <p>GOALS;</p> <p>-Pulse oximetry results obtained.</p> <p>-Changes in respiratory status will be identified and reported to physician for prompt intervention to minimize associated risks;</p> <p>-Improvement in urinary incontinence;</p> <p>-Improvement in management of urinary incontinence;</p> <p>-Exacerbations of gastrointestinal disease</p>			

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	<p>will be promptly identified and interventions implemented to minimize risks to patient.</p> <ul style="list-style-type: none"> -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. -Patient will have bowel patency; -Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention, -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced; -Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request; -Patient/caregiver will demonstrate ability to safely manage medications. <p>A. The SN Recertification Outcome Assessment and Information Set (OASIS) Visit Note Report dated 10/26/15 section titled "Braden Risk Assessment Scale" stated, "Total Score (patients with a total score of 12 or less are considered to be at high risk of developing pressure ulcers): 18. Based on the score, the risk level for this patient is: LOW." The section titled</p>				

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	<p>"Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to alleviate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing."</p> <p>B. The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified," and failed to evidence the patient needed skin integrity instructions to avoid pressure ulcer risks and nutritional education to promote healing.</p> <p>C. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic</p>				

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	<p>pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient." The Goals Met failed to evidence the reflective of the needs of the patient per the assessment data recorded.</p> <p>D. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at this time." The record failed to evidence the patient was discharged from SN services.</p> <p>7. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC was dated 9/17-11/15/15. The 5 day window for recertification was 9/12-9/16/15.</p> <p>A. The recertification was not completed until 9/22/15. The agency failed to discharge the patient and left the POC dated 9/17-11/15/15.</p> <p>B. The Physician Verbal Order dated 9/16/15 stated, "Patient refused visit</p>			

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	<p>today for recertification. Intervention: Reschedule missed visit for Friday 9/18.15."</p> <p>C. The Client Coordination Note Report dated 9/17/15 stated, "This nurse called to set up appointment with patient for recert and was informed that patient was staying with other son to give primary CG [caregiver] respite and to visit. Could be done Monday or Tuesday. Patient apparently received a new Glucometer from Dr. and DIL [daughter in law] would like instructions on how to use it. Will notify PCP [primary care physician] of delay along with clinical supervisor."</p> <p>D. The Physician Verbal Order form dated 9/18/15 stated, "Patient unavailable for visit on 9/18/15. ... Reschedule recert outside of Medicare week."</p> <p>E. The Visit Note Report dated 9/22/15 stated, "Recertification Visit + Supervisory" ... "(M-0110) Episode Timing: 1-Early," ... "Homebound status ... Patient has a condition such that leaving home is medically contraindicated."</p> <p>F. During interview on 11/18/15 at 1:50 PM, the Administrator stated the patient should have been discharged once</p>			

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	<p>the agency found out they would not be able to schedule the recertification visit within the 5 day window.</p> <p>8. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided most services by the acquired agency.</p> <p>B. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational Therapy (TO) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time</p>			

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	<p>for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>C. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>D. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>E. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p> <p>F. The record evidenced patient # 16 was provided TO services from the acquired agency on 4/2 by employee CC.</p> <p>G. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate</p>			

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	<p>office in Michigan submits the data to the State agency.</p> <p>H. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>9. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>10. The agency's policy titled "Minimum Necessary Disclosures of Protected Health Information," # C-385, reviewed March 2015 stated, "Routine and recurring disclosures of health information 1. GLC has identified disclosures of health information it makes on a routine and recurring basis that are not related to treatment. 2. GLC has determined the minimum amount of heath information that is needed to achieve the purpose of these requests. ... Non-routine disclosures of health information ... 3. GLC relies on representations that the information</p>				

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	<p>requested is the minimum a mount necessary if the request if from a public official, a health care provider, a health plan, a professional providing service to GLC as a business associate, or a researcher (who provides appropriate documentation). ... Disclosures of entire medical records GLC does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented."</p> <p>11. The agency's policy titled "Client/Family Rights & Responsibilities," # C-390, reviewed March 2015 stated, "Privacy and Security- You have the right to: ... Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home. ... State of Indiana Addendum: Sec. 3. (a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: ... (2) Maintain documentation showing it has complied</p>			

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	<p>with the requirements of this section. ...</p> <p>(E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records."</p> <p>12. The agency's policy titled "Management of electronic Data," # B-435, reviewed March 2015 stated, "4. Physical Security. ... These procedures limit access to areas, which contain computer network equipment to those with a confirmed "need to know". ... 2. Data Security Policy. ... a. Scope. i. this policy applies to all data maintained or created by entities within the jurisdiction of GLC. This includes but is not limited to, data maintained within: 1. Branches supported by GLC information systems department. ... Basic Code of Computer Security Ethics 1. Every effort will be made to restrict access to data and facilities to those people with a need-to-know."</p> <p>13. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Measure and document the external length of the catheter with each dressing change."</p> <p>14. The agency's undated policy titled</p>						

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	<p>"PICC Line Dressing Change," # I-240 stated, "Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>15. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "3. The Care Plan shall include, but not be limited to: a. Problems and needs identified related to diagnosis. ... c. A list of specific interventions with plans for implementation. ... 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs. ... State of Indiana Addendum: ... The nursing plan of care will contain: 1. A plan of care and appropriate patient identifying information, ... 5. Medications, diet, and acclivities."</p> <p>16. The agency's policy titled "Venipuncture for Blood Specimen Collection," # I-140, revised 7/30/14 stated, "Blood Draw from Central Venous Access Devices ... Procedure: 1. Review Physician order. 2. Use strict sterile technique."</p> <p>17. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "3.</p>			

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	<p>After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... e. Need for other services and/or referral to community resources."</p> <p>18. The agency's policy titled "Encoding and Reporting OASIS Data," # B-250, reviewed March 2015 stated, "2. Data will reflect client status at time of assessment."</p> <p>19. The agency's policy titled "Comprehensive Client Assessment," # C-145, reviewed March 2015 stated, "16. Reassessments are conducted based on client needs, physician orders, professional judgment and/or OASIS or other regulatory requirement."</p> <p>20. The agency's policy titled "Client Recertification/Follow-Up/Resumption of Care," # C-155, reviewed March 2015 stated, "5. Each professional discipline will be responsible for reassigning care/services at least every fifty-six to sixty (56-60) days while the client is receiving skilled services."</p> <p>21. The agency's policy titled "Clinical Documentation," # C-680, reviewed</p>			

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G 0239 Bldg. 00	<p>March 2015 stated, "Purpose To ensure that there is an accurate record of the services provided, client response and ongoing need for care. To document conformance with the Plan of Care, modifications to the plan, and interdisciplinary involvement."</p> <p>22. The agency's policy titled "Clinical Record Confidentiality," # C-880, reviewed March 2015 stated, "1. Authorized users will be identified as: ... b. Staff members and contract staff providing and supervising client care."</p> <p>484.48(b) PROTECTION OF RECORDS Clinical record information is safeguarded against loss or unauthorized use. Based on record review and interview, the agency failed to ensure the confidentiality of medical records by allowing an acquired agency to provide services to 26 of 73 active patients listed on both the South Bend branch active patient list and the acquired agency's active patient list (# 16, 26, 27, 28, 29, 30, 31, 31, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 51), for 1 of 1 record reviewed chosen from the parent agency's Outcome Assessment and Information Set (OASIS) report (# 16); and failed to ensure an</p>	G 0239	<p>G 239 To assure compliance with 484.48(b) Protection of Records, the following interventions have been implemented:</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such 	12/24/2015

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	<p>arrangement or agreement was in place for the corporate office in Michigan to submit OASIS data to the State agency for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>2. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated the acquired agency staff were Great Lakes employees. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency. The Administrator stated the revenue for</p>		<p>as PT, OT, SLP, SN, MSW and HHA.</p> <ul style="list-style-type: none"> •□□□□□□□ The OASIS review and lock process was revised on 12/13/15 to have the specific provider number Clinical Supervisors or RNs review and lock their responsible areas OASIS. •□□□□□□□ As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. •□□□□□□□ As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. •□□□□□□□ As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. •□□□□□□□ As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. •□□□□□□□ On 12/21/15-12/23/15 The Electronic Medical Record access of all employees in the state of Indiana was thoroughly reviewed and updated to assure employees only have access to the locations they are 	

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	<p>those particular patients would go to the South Bend branch. The Administrator stated both agencies allocate speech therapist between them, but the acquired agency would not bill the patients. The Administrator stated the staff at the acquired agency did have access to the medical records of the patients they provide services for, even though the patients were also listed on the South Bend roster.</p> <p>A. The South Bend active roster was compared with the acquired agency's active list and cross referenced on 11/5 and 11/6/15. Patients listed on the South Bend active roster and also the acquired agency list included:</p> <p># 26, start of care date (SOC) 10/27/15</p> <p># 27, SOC 10/29/15</p> <p># 28, SOC 10/18/15</p> <p># 29, SOC 7/18/15</p> <p># 30, SOC 9/26/15</p> <p># 31, SOC 8/14/15</p> <p># 32, SOC 9/26/15</p> <p># 33, SOC 10/26/15</p> <p># 34, SOC 11/3/15</p> <p># 35, SOC 9/22/15</p> <p># 36, SOC 10/27/15</p> <p># 37, SOC 10/24/15</p> <p># 38, SOC 9/10/15</p> <p># 39, SOC 9/11/15</p>		<p>assigned or contracted through. New hire employees and internal employee transfers will need to go through an HR process to assure computer access integrity.</p> <p>An audit will be performed weekly by the administrator/designee to assure 100% compliance with G 239 with the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks. After that 4 weeks of 100% compliance is obtained the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 4)</p> <p>An audit to assure compliance with G 239 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>An audit will be completed by the administrator/designee on 20% of all employees in regards to their</p>		

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(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># 40, SOC 10/3/15 # 41, SOC 10/10/15 # 42, SOC 8/12/15 # 43, SOC 11/1/15 # 44, SOC 10/22/15 # 45, SOC 10/31/15 # 46, SOC 3/24/15 # 47, SOC 9/14/15 # 48, SOC 9/29/15 # 49, SOC 9/28/15 # 50, SOC 7/8/15, and # 51, SOC 9/26/15.</p> <p>B. During interview on 11/6/15 at 10:15 AM, the Administrator provided the South Bend only roster. The Administrator stated this roster was only the patients for whom South Bend provides care. This roster failed to evidence patients 26-51.</p> <p>3. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own Administrator and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:30 AM, the Administrator stated since the staff at the acquired agency were all Great Lakes employees, there was not a violation of confidentiality of medical records. The Administrator stated the</p>		<p>medical record access to assure compliance with protection of records until 100% compliance has been obtained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 17)</p>		

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	<p>South Bend branch was approved for those counties before other provider number was acquired. The Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>5. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided most services by the acquired agency.</p> <p>B. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>C. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks</p>						

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	<p>and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational Therapy (OT) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>D. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>E. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>F. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p>			

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	<p>G. The record evidenced patient # 16 was provided OT services from the acquired agency on 4/2 by employee CC.</p> <p>6. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>7. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>8. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>9. The agency's policy titled "Minimum Necessary Disclosures of Protected Health Information," # C-385, reviewed March 2015 stated, "Routine and recurring disclosures of health information 1. GLC has identified</p>			

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	<p>disclosures of health information it makes on a routine and recurring basis that are not related to treatment. 2. GLC has determined the minimum amount of heath information that is needed to achieve the purpose of these requests. ... Non-routine disclosures of health information ... 3. GLC relies on representations that the information requested is the minimum a mount necessary if the request if from a public official, a health care provider, a health plan, a professional providing service to GLC as a business associate, or a researcher (who provides appropriate documentation). ... Disclosures of entire medical records GLC does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented."</p> <p>10. The agency's policy titled "Clinical Record Confidentiality," # C-880, reviewed March 2015 stated, "1. Authorized users will be identified as: ... b. Staff members and contract staff providing and supervising client care."</p> <p>11. The agency's policy titled "Client/Family Rights & Responsibilities," # C-390, reviewed March 2015 stated, "Privacy and</p>			

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	<p>Security- You have the right to: ... Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home. ... State of Indiana Addendum: Sec. 3. (a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: ... (2) Maintain documentation showing it has complied with the requirements of this section. ... (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records."</p> <p>12. The agency's policy titled "Management of electronic Data," # B-435, reviewed March 2015 stated, "4. Physical Security. ... These procedures limit access to areas, which contain computer network equipment to those with a confirmed "need to know". ... 2. Data Security Policy. ... a. Scope. i. this policy applies to all data maintained or created by entities within the</p>			

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	<p>jurisdiction of GLC. This includes but is not limited to, data maintained within: 1. Branches supported by GLC information systems department. ... Basic Code of Computer Security Ethics 1. Every effort will be made to restrict access to data and facilities to those people with a need-to-know."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff</p>			

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G 0320 Bldg. 00	<p>providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."</p> <p>484.20 REPORTING OASIS INFORMATION HHAs must electronically report all OASIS data collected in accordance with §484.55 Based on record review, and interview, failed to ensure an arrangement or agreement was in place for corporate office in Michigan to submit Outcome</p>	G 0320	G 320 To assure compliance with 484.20 Reporting of Oasis Information, the following interventions have been	12/23/2015	

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	<p>Assessment Information Set (OASIS) data to the State agency for 1 of 1 agency (See G 321); failed to ensure the accuracy of the OASIS data for 2 of 20 records reviewed(See G 322); and failed to ensure all patients for whom the agency submitted OASIS data were patients of the agency or branches for 1 of 20 records reviewed, and failed to ensure an arrangement or agreement was in place for corporate office in Michigan to submit OASIS data to the State agency (See G 324).</p> <p>The cumulative effect of these systemic problems resulted in the home health agency's inability to ensure the provision of quality health care in a safe environment.</p>		<p>implemented:</p> <p>G 321</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. <p>G322</p> <ul style="list-style-type: none"> All clinical staff were educated by 12/24/15 on policy B-250 Encoding and Reporting OASIS Data. Education focused on the requirement that the OASIS assessment must match the patient's condition at assessment which requires ongoing assessment and updates to the plan of care. All care must demonstrate a skilled need. <p>A weekly audit will be performed by the administrator/designee to assure compliance with G 322 on 100% of all admissions and recertification visits until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process.</p> <p>G 324</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement 	

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			<p>was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state.</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. On 12/21/15-12/23/15 The Electronic Medical Record access of all employees in the state of Indiana was thoroughly reviewed and updated to assure employees only have access to the locations they are assigned or contracted through. New hire employees and internal employee transfers will need to go through an HR process to assure computer access 	

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G 0321 Bldg. 00	484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set. Based on record review, and interview, the agency failed to ensure an arrangement or agreement was in place	G 0321	integrity. A weekly audit to assure compliance with G 324 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1) A weekly audit will be completed by the administrator/designee on 20% of all employees in regards to their medical record access to assure compliance with protection of records until 100% compliance has been obtained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources.	11/19/2015	
			G 321 To ensure compliance with 484.20(a) Encoding Oasis Data, the following interventions have been implemented : · As of		

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	<p>for corporate office in Michigan to submit Outcome Assessment Information Set (OASIS) data to the State agency for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During interview on 11/5/15 at 12:15 PM, the Administrator stated the agency does not do look behind OASIS evaluations to see if the clinician OASIS data is accurate and if the agency gets the same scores. 2. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency. 3. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency. 4. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality 		November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state.				

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G 0322 Bldg. 00	<p>of all client specific information in the clinical record."</p> <p>484.20(b) ACCURACY OF ENCODED OASIS DATA The encoded OASIS data must accurately reflect the patient's status at the time of assessment. Based on record review, the agency failed to ensure the accuracy of the Outcome Assessment and Information Set (OASIS) data for 2 of 20 records reviewed. (# 10, and 13)</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for: -Observation and assessment of cardiac system to identify changes associated</p>	G 0322	<p>G322 To assure compliance with 484.20(b) Accuracy of Encoded Oasis Data</p> <p>All clinical staff were educated by 12/24/15 on policy B-250 Encoding and Reporting OASIS Data. Education focused on the requirement that the OASIS assessment must match the patient's condition at assessment which requires ongoing assessment and updates to the plan of care. All care must demonstrate a skilled need.</p> <p>An audit will be performed by the administrator/designee to assure compliance with G 164 on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 12)</p>	12/24/2015

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	<p>with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications;</p> <p>-Evaluate patient and develop plan of care to be counter signed by physician;</p> <p>-Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications;</p> <p>-Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request;</p> <p>=Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam;</p> <p>-Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain</p>			

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	<p>management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN assess feet and reinforce diabetes mellitus foot care;</p>			

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING	STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902
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	<p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96 > 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request;</p>			

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	<p>symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained;</p> <p>-Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process;</p> <p>-Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency;</p> <p>-Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease</p>			

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	<p>process, improvement in signs and symptoms of neurologic disease;</p> <ul style="list-style-type: none"> -Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home; -Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin; -Wound complications avoided; -Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period; -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ; -Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention. <p>The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to</p>			

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	<p>coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care Outcome Assessment and Information Set assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the</p>			

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	<p>patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130."</p> <p>The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes,</p>			

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	<p>and falls. SN for:</p> <ul style="list-style-type: none"> -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain level to physician; -Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; - Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -SN for urinary incontinence screening and intervention; SN to provide skilled teaching related to urinary incontinence management. May obtain urinalysis and culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention. -SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications, SN for administration of 			

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	<p>saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention.</p> <p>GOALS;</p> <p>-Pulse oximetry results obtained.</p> <p>-Changes in respiratory status will be identified and reported to physician for prompt intervention to minimize associated risks;</p> <p>-Improvement in urinary incontinence;</p> <p>-Improvement in management of urinary incontinence;</p> <p>-Exacerbations of gastrointestinal disease will be promptly identified and</p>			

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	<p>interventions implemented to minimize risks to patient.</p> <ul style="list-style-type: none"> -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. -Patient will have bowel patency; -Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention, -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced; -Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request; -Patient/caregiver will demonstrate ability to safely manage medications. <p>A. The SN Recertification Outcome Assessment and Information Set (OASIS) Visit Note Report dated 10/26/15 section titled "Braden Risk Assessment Scale" stated, "Total Score (patients with a total score of 12 or less are considered to be at high risk of developing pressure ulcers): 18. Based on the score, the risk level for this patient is: LOW." The section titled "Interventions Provided," stated, "1.</p>			

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	<p>Instruct patient/caregiver in position changes/adaptive equipment to alleviate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing."</p> <p>B. The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified," and failed to evidence the patient needed skin integrity instructions to avoid pressure ulcer risks and nutritional education to promote healing.</p> <p>C. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6.</p>						

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G 0324 Bldg. 00	<p>Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient." The Goals Met failed to evidence the reflective of the needs of the patient per the assessment data recorded.</p> <p>D. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at this time." The record failed to evidence the patient was discharged from SN services.</p> <p>2. The agency's policy titled "Encoding and Reporting OASIS Data," # B-250, reviewed March 2015 stated, "2. Data will reflect client status at time of assessment."</p> <p>484.20(c)(2) TRANSMITTAL OF OASIS DATA The HHA must, for all assessments completed in the previous month, transmit OASIS data in a format that meets the requirements of paragraph (d) of this section. Based on record review, and interview, the agency failed to ensure all patients for</p>	G 0324	G 324 To assure compliance with 484.20©(2) Transmittal of Oasis	12/23/2015	

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	<p>whom the agency submitted Outcome Assessment Information Set (OASIS) data were patients of the agency or branches for 1 of 20 records reviewed (# 16), and failed to ensure an arrangement or agreement was in place for corporate office in Michigan to submit OASIS data to the State agency for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The survey OASIS report dated "Potentially Avoidable Event Report: Patient Listing," dated 5/2015-7/2015 stated "Emergent Care for Wound Infections, Deteriorating Wound Status," and listed patient # 16 as being a South Bend branch patient. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number. During interview on 11/6/15 at 10:15 		<p>Data, the following interventions have been implemented:</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Community Home Health Network of Indiana, LLC dba Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring(acquired agency) to provide the agency services such as PT, OT, SLP, SN, MSW and HHA. As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. On 12/21/15-12/23/15 The Electronic Medical Record access of all employees in the state of Indiana was thoroughly reviewed and updated to assure employees only have access to the locations they are 				

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G 0339 Bldg. 00	<p>AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated the acquired agency staff were Great Lakes employees. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency. The Administrator stated the revenue for those particular patients would go to the South Bend branch. The Administrator stated both agencies allocate speech therapist between them, but the acquired agency would not bill the patients. The Administrator stated the staff at the acquired agency did have access to the medical records of the patients they provide services for, even though the patients were also listed on the South Bend branch roster.</p> <p>484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the</p>		<p>assigned or contracted through. New hire employees and internal employee transfers will need to go through an HR process to assure computer access integrity.</p> <p>A weekly audit to assure compliance with G 324 will be performed by the administrator/designee on 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 consecutive weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>A weekly audit will be completed by the administrator/designee on 20% of all employees in regards to their medical record access to assure compliance with protection of records until 100% compliance has been obtained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources (Exhibit 17)</p>		

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	<p>administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode. Based on record review, and interview, the agency failed to ensure the recertification of patients was within the 5 day window for 1 of 20 records reviewed. (# 12)</p> <p>Findings include:</p> <p>1. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC was dated 9/17-11/15/15. The 5 day window for recertification was 9/12-9/16/15.</p> <p>A. The recertification was not completed until 9/22/15.</p> <p>B. The Physician Verbal Order dated 9/16/15 stated, "Patient refused visit today for recertification. Intervention: Reschedule missed visit for Friday 9/18.15."</p> <p>C. The Client Coordination Note Report dated 9/17/15 stated, "This nurse called to set up appointment with patient for recert and was informed that patient was staying with other son to give</p>	G 0339	<p>G 339</p> <p>To assure compliance with 484.55(d)(1) Update of the comprehensive assessment, the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All clinical staff were educated by 12/24/15 on policy C-145 comprehensive client assessment and C-155 Client Recertification/Follow-up/and Resumption of Care. Education included the requirement to recertify within the five day window. <p>An audit will be performed by the administrator/designee to assure compliance with G 339 of 100% of all recertification visits to verify that they were completed between day 56 and 60 until 100% compliance is met for 4 weeks. After 100% compliance is met for 4 weeks the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 17)</p>	12/24/2015

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	<p>primary CG [caregiver] respite and to visit. Could be done Monday or Tuesday. Patient apparently received a new Glucometer from Dr. and DIL [daughter in law] would like instructions on how to use it. Will notify PCP [primary care physician] of delay along with clinical supervisor."</p> <p>D. The Physician Verbal Order form dated 9/18/15 stated, "Patient unavailable for visit on 9/18/15. ... Reschedule recert outside of Medicare week."</p> <p>E. The Visit Note Report dated 9/22/15 stated, "Recertification Visit + Supervisory" ... "(M-0110) Episode Timing: 1-Early," ... "Homebound status ... Patient has a condition such that leaving home is medically contraindicated."</p> <p>F. During interview on 11/18/15 at 1:50 PM, the Administrator stated the patient should have been discharged once the agency found out they would not be able to schedule the recertification visit within the 5 day window.</p> <p>2. The agency's policy titled "Comprehensive Client Assessment," # C-145, reviewed March 2015 stated, "16. Reassessments are conducted based on client needs, physician orders,</p>			

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N 0000 Bldg. 00	<p>professional judgment and/or OASIS or other regulatory requirement."</p> <p>3. The agency's policy titled "Client Recertification/Follow-Up/Resumption of Care," # C-155, reviewed March 2015 stated, "5. Each professional discipline will be responsible for reassigning care/services at least every fifty-six to sixty (56-60) days while the client is receiving skilled services."</p> <p>This was a state Home Health licensure survey.</p> <p>Facility #: 011284</p> <p>Medicaid #: 200849420</p> <p>Survey Dates: November 5, 6, 9, 10, 12, 13, 16, 17, 18, and 19, 2015</p> <p>Census Service Type: Skilled: 4455 Home Health Aide Only: 0 Personal Care Only: 0</p>	N 0000	Please accept this plan of correction as our credible allegation of compliance. Submission of this plan of correction does not indicate we agree with the findings noted throughout this survey report.	

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING				STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902			
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N 0440 Bldg. 00	<p>Total: 4455</p> <p>Sample: RR w/HV: 10 RR w/o HV: 10 Total: 20</p> <p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on record review, and interview, the agency failed to ensure accuracy of the organizational chart, and failed to ensure the acquired agency was not listed on the organizational chart for 1 of 1 agency.</p> <p>Findings include:</p>	N 0440	<p>To ensure compliance with 410 IAC 17-12-1(a): Home Health agency administration/management the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of 12/22/15 Individual agency organization charts were created to separate 	12/23/2015			

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	<p>1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw.</p> <p>2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. Twenty six (26) of seventy three (73) patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p>		<p>out each distinct provider number down to the patient care level.</p> <ul style="list-style-type: none"> • On 12/22/15 Policy B 125 was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll. • The Administrator was educated on the revised Policy B 125 on 12/22/15. • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • As of November 		

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	<p>5. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>6. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>7. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly,</p>		<p>15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number.</p> <p>• As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency.</p> <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>		

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N 0441 Bldg. 00	<p>through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Administrative and supervisory responsibilities shall not be delegated to another agency or organization, and all services not furnished directly, including services provided through a branch office, shall be monitored and controlled by the parent agency.</p> <p>Based on record review, and interview, the agency failed to ensure the provision of care to 26 of 73 patients on South Bend branch active census was not delegated to an acquired agency for 1 of 1 patient record reviewed (# 16) who received services by the acquired agency.</p> <p>Findings include:</p>	N 0441	<p>To ensure compliance with 410 IAC 17-12-1(a): Home Health agency administration/management the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN 	12/23/2015

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	<p>1. The South Bend branch active patient census included 73 patients. Twenty six (26) were identified as having services provided to them by the acquired agency.</p> <p>2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list due to the acquired agency did not accept the insurance plans for those 26 patients. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the</p>		<p>Clinical Supervisor.</p> <ul style="list-style-type: none"> • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • On 12/22/15 the Administrator, Directors and Clinical Supervisors were educated on Policies C 121 and C 300. <p>An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>		

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	<p>Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients on the South Bend census.</p> <p>5. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>6. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>7. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly,</p>			

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	<p>through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>7. The agency's policy titled "Admission Policy," # C-121, reviewed March 2015 stated, "Criteria for Client Admission: ... 2. The client must live in the geographic area served by GLC, exceptions may be made by local leadership for those referrals living slightly outside of our service area dependent upon branch staffing levels and ability to meet patient needs."</p> <p>8. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances</p>			

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	will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."			

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N 0446 Bldg. 00	<p>410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3)</p> <p>Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. Based on record review, and interview, the administrator failed to ensure home health aide (HHA) skills competency checks included bathing patients for 4 of 5 Home Health Aide (HHA) files reviewed (C, I, N, and P); failed to ensure the filed skills competencies included transfer and range of motion (ROM) for 2 of 5 files reviewed (I and N); and failed to ensure the acquired agency had an arrangement or agreement for the acquired agency provide HHA services for 4 of 73 patients with HHA services listed on the South Bend branch census.</p> <p>Findings include:</p> <p>1. Employee file C, a HHA, date of hire 4/2/12, first patient contact date 4/7/12, failed to evidence the skills competency was observed providing care for a patient.</p> <p>A. The document titled "Summary</p>	N 0446	<p>To ensure compliance with 410 IAC 17-12-1(c)(3): Home Health agency administration/management the following interventions have been implemented:</p> <ul style="list-style-type: none"> •□□□□□□□ Beginning September 21, 2015 the skills competency checks included bathing patient, transfer and range of motion as well as all other required skills. •□□□□□□□ On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed. It also includes the skill was performed on a patient and who observed these skills. •□□□□□□□ The training schedule for all employees who will have direct patient contact is updated to include the date of first patient contact. Communication of this date by the education department will ensure that employees will have the required physical examination by a 	12/23/2015

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	<p>Documentation for Skills Demonstration Checklists" dated 4/4/12 stated "Where Observed: Lab."</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/11/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>2. Employee file N, HHA, date of hire 5/12/14, first patient contact date 5/17/14, failed to evidence the skills competency was observed providing care for a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 5/13/14, failed to evidence bathing was observed and competencied.</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/2/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>3. Employee file P, HHA date of hire 5/26/15, first patient contact date 5/31/15, failed to evidence the skills competency was observed providing care for a patient. The document titled "Skills Checklist</p>		<p>physician or nurse practitioner prior to the employee's first patient contact date. This date will be recorded in the employee personnel file for all employees hired on or after 12/23/2015 by the human resources department.</p> <ul style="list-style-type: none"> • All employees hired on or after 12/23/2015 shall have a physical examination by a physician or Nurse Practitioner that documents that the employee will not spread infectious or communicable diseases to patients. This physical examination will be documented and certified by the physician or nurse practitioner on the Certificate of Employee Physical Examination form. • As of 12/23/2015, all education and human resources staff have been educated on the new process and human resources staff have also been educated on the state addendum in Policy D-240. • As of 12/23/2015, the personnel records of all employees who deliver home health services shall include documentation of a limited criminal history from the Indiana central repository for criminal history information. • Any employee who delivers home health services hired prior to 12/23/2015, who may have had documentation of a national and local criminal history conducted by a third party vendor has a limited criminal history from 	

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	<p>Assignment Detail," dated 5/26/15 failed to evidence how and where the skills were evaluated and failed to evidence they were performed on a patient.</p> <p>4. Employee file I, HHA, date of hire 10/15/12, first patient contact date 10/20/12, failed to evidence bathing was completed/observed being performed on a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 11/7/12, failed to evidence bathing was observed and competencied.</p> <p>B. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 10/16/12 stated "Where Observed: Lab."</p> <p>5. Employee file S, HHA, date of hire 9/21/15, first patient contact date 9/26/15, failed to evidence the skills competency was observed providing care for a patient.</p> <p>A. The document titled "Skills Checklist Assignment Detail," dated 9/22/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p>		<p>the Indiana central repository for criminal history information added to their personnel record.</p> <ul style="list-style-type: none"> • The human resources department is responsible for conducting the limited criminal history for all employees who deliver home health services from the Indiana central repository for criminal history information. The human resources department will maintain documentation of the limited criminal history conducted on every employee who delivers home health services in the employee's personnel record. • As of 12/23/2015, all human resources staff have been educated on the new process. <p>An audit will be performed by the administrator/designee of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p> <p>An audit will be performed by the Vice President of Human Resources or designee of 100% of all personnel records of</p>		

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	<p>6. During interview on 11/19/15 at 1:35 PM, employee T, the RN Educator, stated they do HHA skills checks for on-boarding in the lab at the office, then the next day the HHA is sent with an RN to be checked off out in the field. Employee T indicated they do a bed bath with a mannequin in the lab and verbally discuss giving a shower.</p> <p>7. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does not have filed competency check off sheets for bathing for employees C, I, N, and R, due to there was a process change with how things are being done.</p> <p>8. During interview on 11/19/15 at 2:05 PM, the Administrator stated "the orientation list that does not have the baths on it was prompted from similar requirements in another state. The Administrator indicated the criminal background check company was called and they said the ISPR is included in the search.</p> <p>9. During interview on 11/19/15 at 2:30 PM, employee T indicated the annual skills competencies are performed in the lab with the mannequin.</p> <p>10. The agency's job description titled "Home Health Aide," revised 6/6/14</p>		<p>employees hired on or after 12/23/15 who will deliver home health services. The audit will be conducted to ensure that each personnel record contains the "Certificate of Employee Physical Examination" completed prior to the first date the employee has direct patient contact until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% of all newly hired employees quarterly. Audit results will be provided to the Administrator immediately after each audit is conducted. (Exhibit 20)</p> <p>An audit will be performed by the Vice President of Human Resources or designee of 100% of all personnel records of employees hired on or after 12/23/15 who will deliver home health services. The audit will be conducted to ensure that each personnel record contains a limited criminal history from the Indiana central repository for criminal history information conducted on or before the employee's first date of hire with the Agency until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% of all newly hired employees quarterly. Audit</p>		

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	<p>stated, "Job Qualifications: Education:</p> <p>1. a State-established or other Home health Aide training program that meets the requirements of 42 CFR 484.36 (a) and a competency evaluation program, or</p> <p>2. a State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) within the past 24 months, or 3. a competency evaluation program or State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) with in the last 24 months. Otherwise, must successfully complete a Home Health Aide training and competency evaluation program prior to providing direct patient care."</p> <p>11. The agency's job description titled "Executive Director," dated 4/14/15 and signed by the Administrator stated, "Management: 2.0 Supervises and provides direction to agency personnel in an effort to ensure quality and continuity of services. ... 2.8 Assists departments in assuring compliance with requirements of state for Medicare certification through coaching policy and procedure development, staff education and monitoring activities. ... 2.10 Assists departments in assuring all agency policies and procedures are adhered to by staff at all branch locations as applicable."</p>		<p>results will be provided to the Administrator immediately after each audit is conducted. (Exhibit 21)</p>		

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N 0449 Bldg. 00	12. The agency's job description titled "Clinical Supervisor," dated 7/20/12 stated, "Coordination of services: ... 2.4 Provides education and training related to clinical practice issues and regulation and reimbursement changes. ... Supervision Supervises and provides clinical direction to the Registered Nurse, Licensed Practical Nurse, Therapist, Home Health Aide, & office staff to ensure quality and continuity of services provided. ... 3.6 Assures compliance with the requirements of State licensure, Medicare certification, and any other applicable oversight agencies through policy and procedure development, staff education, and ongoing monitoring activities." 410 IAC 17-12-1(c)(6) Home health agency administration/management Rule 12 Sec. 1(c)(6) The administrator, who			

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	<p>may also be the supervising physician or registered nurse required by subsection (d), shall do the following:</p> <p>(6) Ensure that the home health agency meets all rules and regulations for licensure. Based on record review, and interview, the administrator failed to ensure supervision of the agency's South Bend branch; failed to ensure the South Bend branch provided direct care for 26 of 73 patients listed on its active patient census; failed to ensure an agreement or agreement existed for the acquired agency to provide services for 26 of 73 patients listed on the South Bend branch census; and failed to ensure an agreement or agreement existed for the corporate office in Michigan to submit Outcome Assessment and Information Set (OASIS) data for all patients eligible for OASIS data collection to the State of Indiana for 1 of 1 agency.</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw. 2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were 	N 0449	<p>To ensure compliance with 410 IAC 17-12-1(c)(6): Home Health agency administration/management the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. • On 12/22/15 Policy B 125 was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll. • The Administrator was educated on the revised Policy B 125, and on policies C121 and C300, on 12/22/15. • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA. • As of November 15th, 2015 – no new patients were accepted to service for the 	12/23/2015	

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	<p>listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>5. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p>		<p>agency that would normally be admitted to the acquired agency's provider number.</p> <ul style="list-style-type: none"> • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • The OASIS review and lock process was revised on 11/19/15 to have the specific provider number Clinical Supervisors/RN review and lock their responsible areas OASIS. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after</p>		

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	<p>6. The South Bend branch census included 26 of 73 active patients, 26 were identified as being provided services the acquired agency.</p> <p>7. During interview on 11/5/15 at 12:15 PM, the Administrator stated the agency does not do look behind OASIS evaluations to see if the clinician OASIS data is accurate and if the agency gets the same scores.</p> <p>8. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>9. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>10. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the</p>		<p>November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>An audit will be performed weekly by the administrator/designee to assure 100% compliance with the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks. After that 4 weeks of 100% compliance is obtained the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 4)</p>		

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	<p>clinical record."</p> <p>11. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>12. The agency's job description titled "Executive Director," dated 4/14/15 and</p>				

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	<p>signed by the Administrator stated, "Management: 2.0 Supervises and provides direction to agency personnel in an effort to ensure quality and continuity of services. ... 2.8 Assists departments in assuring compliance with requirements of state for Medicare certification through coaching policy and procedure development, staff education and monitoring activities. ... 2.10 Assists departments in assuring all agency policies and procedures are adhered to by staff at all branch locations as applicable."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services</p>			

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N 0458 Bldg. 00	<p>are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."</p> <p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description.</p>			

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	<p>(2) Qualifications.</p> <p>(3) A copy of limited criminal history pursuant to IC 16-27-2.</p> <p>(4) A copy of current license, certification, or registration.</p> <p>(5) Annual performance evaluations.</p> <p>Based on record review, and interview, the administrator failed to ensure all employees had a physical prior to employment for 8 of 173 employee files reviewed (C, E, M, N, O, Q, R, and S); failed to ensure home health aide (HHA) skills competency checks included bathing patients for 4 of 5 Home Health Aide (HHA) files reviewed (C, I, N, and P); failed to ensure the HHA field skills competencies included transfer and range of motion (ROM) for 2 of 5 files reviewed (I and N); and failed to ensure criminal background checks included the Indiana State Police Repository (ISPR) for 5 of 11 employee files reviewed (E, N, O, R, and S).</p> <p>Findings include:</p> <p>1. During interview on 11/19/15 at 12:20 PM, employee L, Human Resources, stated the agency does not keep track of official first patient care dates, as the employees are usually in the office for orientation and skills lab for approximately a week, so they just say first patient contact date is 5 days after date of hire.</p>	N 0458	<p>To ensure compliance with 410 IAC 17-12-1(f): Home Health agency administration/management the following interventions have been implemented:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Beginning September 21, 2015 the skills competency checks included bathing patient, transfer and range of motion as well as all other required skills. • <input type="checkbox"/> On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed that the skill was performed on a patient, the employee who observed these skills as well as the signature of home health aide. The revised Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015. • <input type="checkbox"/> The training schedule for all employees who will have direct patient contact is updated to include the date of first patient contact. Communication of this date by the education department will ensure that employees will have the required physical examination by a physician or nurse practitioner 	12/23/2015
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	<p>2. Employee file C, a HHA, date of hire 4/2/12, first patient contact date 4/7/12, failed to evidence the skills competency was observed providing care for a patient; and failed to evidence a physical.</p> <p>A. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 4/4/12 stated "Where Observed: Lab."</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/11/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>C. The file contained a letter dated 4/2/12 from a physician that stated "[employee C] demonstrates no clinical history or physical exam that would suggest a communicable disease."</p> <p>3. Employee file N, HHA, date of hire 5/12/14, first patient contact date 5/17/14, failed to evidence the skills competency was observed providing care for a patient; failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p>		<p>prior to the employee's first patient contact date. This date will be recorded in the employee personnel file for all employees hired on or after 12/23/2015 by the human resources department.</p> <ul style="list-style-type: none"> • All employees hired on or after 12/23/2015 shall have a physical examination by a physician or Nurse Practitioner that documents that the employee will not spread infectious or communicable diseases to patients. This physical examination will be documented and certified by the physician or nurse practitioner on the Certificate of Employee Physical Examination form. • As of 12/23/2015, all education and human resources staff have been educated on the new process and human resources staff have also been educated on the state addendum in Policy D-240. • As of 12/23/2015, the personnel records of all employees who deliver home health services shall include documentation of a limited criminal history from the Indiana central repository for criminal history information. • Any employee who delivers home health services hired prior to 12/23/2015, who may have had documentation of a national and local criminal history conducted by a third party vendor has a limited criminal history from the Indiana central repository for 				

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	<p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 5/13/14, failed to evidence bathing was observed and competenced.</p> <p>B. The document titled "Skills Checklist Assignment Detail," dated 6/2/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>C. The file contained a copy of a prescription note dated 5/9/14 from a Nurse Practitioner and stated "Free of Communicable Disease."</p> <p>4. Employee file P, HHA date of hire 5/26/15, first patient contact date 5/31/15, failed to evidence the skills competency was observed providing care for a patient. The document titled "Skills Checklist Assignment Detail," dated 5/26/15 failed to evidence how and where the skills were evaluated and failed to evidence they were performed on a patient.</p> <p>5. Employee file I, HHA, date of hire 10/15/12, first patient contact date 10/20/12, failed to evidence bathing was completed/observed being performed on a patient.</p>		<p>criminal history information added to their personnel record.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The human resources department is responsible for conducting the limited criminal history for all employees who deliver home health services from the Indiana central repository for criminal history information. The human resources department will maintain documentation of the limited criminal history conducted on every employee who delivers home health services in the employee's personnel record. • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> As of 12/23/2015, all human resources staff have been educated on the new process. <p>An audit will be performed by the administrator/designee of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p> <p>An audit will be performed by the Vice President of Human Resources or designee of 100% of all personnel records of employees hired on or after</p>				

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	<p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," dated 11/7/12, failed to evidence bathing was observed and competenced.</p> <p>B. The document titled "Summary Documentation for Skills Demonstration Checklists" dated 10/16/12 stated "Where Observed: Lab."</p> <p>6. Employee file S, HHA, date of hire 9/21/15, first patient contact date 9/26/15, failed to evidence the skills competency was observed providing care for a patient; and failed to evidence a physical.</p> <p>A. The document titled "Skills Checklist Assignment Detail," dated 9/22/15 failed to evidence how and where the annual skills were evaluated and failed to evidence they were performed on a patient.</p> <p>B. The file contained a letter dated 9/22/15 from a physician that stated "I am not aware of [employee S] having any communicable diseases."</p> <p>C. The criminal background check dated as requested on 9/14/15 failed to evidence the information was obtained from the ISPR.</p>		<p>12/23/15 who will deliver home health services. The audit will be conducted to ensure that each personnel record contains the "Certificate of Employee Physical Examination" completed prior to the first date the employee has direct patient contact until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% of all newly hired employees quarterly. Audit results will be provided to the Administrator immediately after each audit is conducted. (Exhibit 20)</p> <p>An audit will be performed by the Vice President of Human Resources or designee of 100% of all personnel records of employees hired on or after 12/23/15 who will deliver home health services. The audit will be conducted to ensure that each personnel record contains a limited criminal history from the Indiana central repository for criminal history information conducted on or before the employee's first date of hire with the Agency until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% of all newly hired employees quarterly. Audit</p>	

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	<p>7. Employee file E, licensed practical nurse, date of hire 7/28/14, first patient contact date 8/2/14, failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The criminal background check dated as requested on 7/18/14 failed to evidence the information was obtained from the ISPR.</p> <p>B. The file contained a letter dated 7/22/14 from a physician that stated "[employee E] is free of communicable disease."</p> <p>8. Employee file M, Registered Nurse (RN), date of hire 2/23/15, first patient contact date 2/27/15, failed to evidence a physical. The file contained a copy of a prescription note dated 2/23/15 from a Nurse Practitioner, and stated "Patient free of communicable disease as of 2/3/15 office visit. No job restrictions."</p> <p>9. Employee file O, RN, date of hire 7/7/14, first patient contact date 7/12/14, failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The criminal background check</p>		<p>results will be provided to the Administrator immediately after each audit is conducted. (Exhibit 21)</p>		

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	<p>dated as requested on 6/26/14 failed to evidence the information was obtained from the ISPR.</p> <p>B. The file contained a letter dated 6/30/14 from a physician that stated "Pt was seen in my office today for check up and was found to be free of any Communicable Diseases."</p> <p>10. Employee file Q, physical therapist, date of hire 11/15/12, first patient contact date 11/20/12, failed to evidence a physical. The file contained a letter dated 11/19/12 from a physician that stated : [employee Q] is a patient in our clinic. She is currently free of communicable disease at this time."</p> <p>11. Employee file R, Medical Social Worker, date of hire 2/24/14, first patient contact date 3/3/14, failed to evidence failed to evidence the criminal background check included search through the ISPR; and failed to evidence a physical.</p> <p>A. The criminal background check dated as requested on 1/17/14 failed to evidence the information was obtained from the ISPR.</p> <p>B. The file contained a letter dated 2/25/14 from a physician that stated "My</p>			

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	<p>patient[employee R] was last seen in my office fro an appointment on 1/15/14. She is free of communicable disease."</p> <p>12. During interview on 11/19/15 at 1:35 PM, employee T, the RN Educator, stated they do HHA skills checks for on-boarding in the lab at the office, then the next day the HHA is sent with an RN to be checked off out in the field. Employee T indicated they do a bed bath with a mannequin in the lab and verbally discuss giving a shower.</p> <p>13. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does not have filed competency check off sheets for bathing for employees C, I, N, and R, due to there was a process change with how things are being done.</p> <p>14. During interview on 11/19/15 at 2:05 PM, the Administrator stated "the orientation list that does not have the baths on it was prompted from similar requirements in another state. The Administrator indicated the criminal background check company was called and they said the ISPR is included in the search.</p> <p>15. During interview on 11/19/15 at 2:20 PM, employee L, Human Resources, indicate the criminal background check</p>			

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	<p>company will be faxing proof of ISPR search but it may take a couple of hours. As of 11/19/15 at 2:45 PM, the fax was not available to be provided.</p> <p>16. During interview on 11/19/15 at 2:30 PM, employee T indicated the annual skills competencies are performed in the lab with the mannequin.</p> <p>17. The agency's policy titled "TB/Health Screening," # D-240, reviewed March 2015 stated, "State of Indiana Addendum: *In the State of Indiana each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner not more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients."</p> <p>18. The agency's job description titled "Licensed Practical Nurse," dated 7/20/12 stated, "Physical and Environmental Demands ... 7. Meet the health requirements of the agency."</p> <p>19. The agency's job description titled "Physical Therapist," dated 4/16/14 stated, "Health Status: Meets all</p>			

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	<p>applicable agency policies and procedures related to health screening and required testing. ... Physical and Environmental Demands ... 7. Meet the health requirements of the agency."</p> <p>20. The agency's job description titled "Registered Nurse," dated 7/20/12 stated, "Physical and Environmental Demands ... 7. Meet the health requirements of the agency."</p> <p>21. The agency's job description titled "Home Health Aide," dated 6/6/14 stated, "Job Qualifications: Education: 1. a State-established or other Home health Aide training program that meets the requirements of 42 CFR 484.36 (a) and a competency evaluation program, or 2. a State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) within the past 24 months, or 3. a competency evaluation program or State licensure program that meets the requirements of 42 CFR 484.36 (b) or (e) with in the last 24 months. Otherwise, must successfully complete a Home Health Aide training and competency evaluation program prior to providing direct patient care. ... Health Status: Meets all applicable agency policies and procedures related to health screening and required testing. ... Physical and Environmental Demands ... 7. Meet the</p>			

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N 0470 Bldg. 00	health requirements of the agency." 410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. Based on observation, interview, and record review, the agency failed to ensure all staff followed infection control guidelines for 6 of 10 home visit observations. (# 1, 4, 6, 7, 8, and 9) Findings include: 1. During home visit for patient #1 on 11/10/15 at 9:30 AM, employee C, home health aide (HHA) failed to place her	N 0470	To ensure compliance with 410 IAC 17-12-1(m): Home Health agency administration/management the following interventions have been implemented: ● All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an	12/23/2015

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	<p>clinical bag on a barrier prior to placing it on the client's cushioned glider rocker chair. Employee C then proceeded to obtain vital signs including blood pressure, temperature, and pulse. Employee C failed to clean the blood pressure cuff prior to using and prior to placing back into bag.</p> <p>2. During home visit for patient #4 on 11/10/15 at 12:30 PM, employee E, licensed practical nurse, was observed changing 3 wet to dry wound dressings.</p> <p>A. During dressing change for the patient's arm wound, employee E failed to wash hands or use hand sanitizer after removing the old dressing and prior to donning new gloves, and after cleansing the wound and prior to applying Santyl.</p> <p>B. During dressing change for the patient's hip wound, employee E failed to wash hands or use hand sanitizer after removing the old dressing and prior to donning new gloves, and after cleansing the wound and prior to applying Santyl.</p> <p>C. During dressing change for the patient's left toe wound, employee E failed to wash hands or use hand sanitizer after removing the old dressing and prior to donning new gloves, and after cleansing the wound.</p>		<p>RN preceptor by 12/24/15.</p> <ul style="list-style-type: none"> • All home health aides completed a mandatory in-service by 12/24/15 with review of N-120 bag technique, and N-100 Standard Infection Control Procedures for Home Care, Education included hands on demonstration by the home health aide staff of bag technique. • All clinical staff were educated by 12/24/15 on N-120 bag technique and N-100, Standard Infection Control Procedures for Home Care with focus on cleaning equipment per procedure between patients, use of barrier and hand washing prior to and after all patient care. <p>Clinical supervisors will complete onsite home supervisory visits with 10% of all direct care field staff monthly to visualize evidence that the proper infection control techniques are followed until 100% compliance is met. Ongoing compliance will be completed through the annual onsite supervisory visit process. (Exhibit 2)</p>				

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	<p>D. During interview on 11/10/15 at 1:30 PM, employee E stated she was not sure what the policy said about using hand sanitizer or wash hands in between glove changes.</p> <p>3. During home visit for patient # 6 on 11/12/15 at 9:30 AM, employee B, registered nurse, failed to clean the blood pressure cuff before and after obtaining vital signs, and prior to placing back into clinical bag.</p> <p>4. During home visit for patient # 7 on 11/12/15 at 10:30 AM, employee H, physical therapist, failed to clean the blood pressure cuff, thermometer, and pulse oximeter before and after obtaining vital signs, and prior to placing back into clinical bag.</p> <p>5. During home visit for patient # 8 on 11/12/15 at 1:30 PM, employee I, HHA, failed to clean the blood pressure cuff before and after obtaining vital signs, and prior to placing back into clinical bag.</p> <p>6. During home visit for patient # 9 on 11/13/15 at 9:30 AM, employee J, physical therapy assistant, failed to clean the blood pressure cuff before and after obtaining vital signs, and prior to placing back into clinical bag.</p>			

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	<p>7. During telephone interview on 11/13/15 at 12:40 PM, the Administrator stated the agency policy for equipment is to wipe with alcohol in between patients, but the blood pressure cuff only needs to be washed daily unless it is visibly soiled. The Administrator stated staff should be using hand sanitizer or washing hands in between glove changes.</p> <p>8. The agency's policy titled "Bag Technique," # N-120, revised 5/6/11 stated, " The blood pressure cuff and gait belt are kept in a separate pocket and are cleaned with cavicide at the end of each day, and as necessary if items are soiled. All other reusable items removed from the bag should be cleaned with provided alcohol wipes before returning to the bag. Never return one time use items to the bag, even if not used such as gloves. ... when in a client's home, place the bag on a clean and dry surface."</p> <p>9. The agency's policy titled "Hand Washing," # N-130, revised 5/16/11 stated, "Note: The need for hand washing depends on the type, intensity, duration, and sequence of activities. ...Before and after handling dressings or touching open wounds."</p> <p>10. The agency's policy titled "Pressure</p>			

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N 0474 Bldg. 00	<p>Ulcer Dressing Change," # G-160, revised 12/18/2014 stated, "Procedure ... 4. Put on clean gloves and remove old dressing and discard. ... 6. Wash hands. ... 7. Don clean pair of gloves. ... 11. Cleanse wound bed. 12. Wash hands. ... 13. Don clean gloves."</p> <p>11. The agency's policy titled "Application of Wet-to-Dry dressing," # G-110, revised 12/18/14 stated, "1. Wash hands. ... 4. Don clean gloves. 5. Remove old dressing. ... 8. Wash hands. ... 10. Don clean gloves. ... 13. Wash hands. ... 14. Don clean gloves. ... 19. Remove gloves and dispose of waste. ... 20. Wash hands."</p> <p>12. The agency's policy titled "Standard Infection Control Procedures for Home Care," # N-100, revised 5/16/11 stated, "1. Wash hands before and after client care and after removing gloves."</p> <p>410 IAC 17-12-2(b) Q A and performance improvement Rule 12 Sec. 2 (b) The home health agency shall provide at least one (1) of the following services: (1) Nursing treatment and procedure. (2) Home health aide services.</p>			

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	<p>(3) Physical therapy. (4) Speech-language pathology. (5) Occupational therapy. (6) Social services.</p> <p>Based on record review, and interview, the agency failed to ensure the provision of care to patients was not delegated to an acquired agency for 26 of 73 active patients listed on the South Bend branch census.</p> <p>Findings include:</p> <p>1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw.</p> <p>2. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list due to the acquired agency did not accept the insurance plans for those 26 patients. The Administrator stated that the acquired agency had its own provider number.</p> <p>3. The South Bend branch census included 26 of 73 active patients, 26 were identified as active patients being provided services by the acquired agency.</p>	N 0474	<p>To ensure compliance with 410 IAC 17-12-2(b): QA and Performance Improvement the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. 	12/23/2015	

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	<p>4. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>5. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>6. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>7. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent</p>		An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)		

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N 0478 Bldg. 00	<p>agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>410 IAC 17-12-2(d) Q A and performance improvement Rule 12 Sec. 2(d) If personnel under contracts are used by the home health agency, there shall be a written contract between those personnel and the home health agency that specifies the following: (1) That patients are accepted for care only</p>			

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	<p>by the primary home health agency.</p> <p>(2) The services to be furnished.</p> <p>(3) The necessity to conform to all applicable home health agency policies including personnel qualifications.</p> <p>(4) The responsibility for participating in developing plans of care.</p> <p>(5) The manner in which services will be controlled, coordinated, and evaluated by the primary home health agency.</p> <p>(6) The procedures for submitting clinical notes, scheduling of visits, and conducting periodic patient evaluation.</p> <p>(7) The procedures for payment for services furnished under the contract.</p> <p>Based on record review, and interview, the parent agency failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure supervision of the South Bend branch to ensure it provided services directly to 26 of 73 active patients from the South Bend branch list for 1 of 1 patient record reviewed who received services from the acquired agency; failed to ensure an agreement or arrangement existed for the acquired agency to provide services to 26 of 73 active patients listed on the South Bend branch census; failed to ensure the Outcomes Assessment and Information Set (OASIS) data was submitted from the parent agency or branches; and failed to ensure an agreement or arrangement existed for the corporate office in Michigan to submit OASIS to the Indiana</p>	N 0478	<p>To ensure compliance with 410 IAC 17-12-2(d): QA and Performance Improvement have been implemented:</p> <ul style="list-style-type: none"> • As of 12/22/15 Individual agency organization charts were created to separate out each distinct provider number down to the patient care level. • On 12/22/15 Policy B 125 was updated to coincide with the new organization charts and includes the ability of the agency parent to make arrangements through contractual agreements for certain functions such as billing/payroll. • The Administrator was educated on the revised Policy B 125, and on policies C121 and C300, on 12/22/15. • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the 	12/23/2015
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	<p>State agency for all the agency's patients eligible for OASIS data collection out of 4455 patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The organizational chart evidenced the inclusion of an acquired agency located in Warsaw. 2. The South Bend branch census included 26 of 73 active patients, 26 were identified as also being listed on the acquired agency census. 3. During interview on 11/5/15 at 12:15 PM, the Administrator stated the agency does not do look behind OASIS evaluations to see if the clinician OASIS data is accurate and if the agency gets the same scores. 4. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend branch patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its 		<p>acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA.</p> <ul style="list-style-type: none"> • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • The OASIS review and lock process was revised on 11/19/15 to have the specific provider number Clinical Supervisors/RN review and lock their responsible areas OASIS. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. <p>A weekly organization chart audit will be performed by the administrator/designee to assure 100% compliance for a period of 4 consecutive weeks. After 4 consecutive weeks of compliance, ongoing compliance with this standard will be completed through annual policy</p>	

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	<p>own provider number.</p> <p>5. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>6. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>7. During interview on 11/6/15 at 11:30 AM, the Administrator stated Great Lakes acquired the Warsaw agency's provider number in October, 2014.</p> <p>8. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p>		<p>review as organizational charts are imbedded in our policy manual. (Exhibit 3)</p> <p>An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p> <p>An audit will be performed weekly by the administrator/designee to assure 100% compliance with the applicable provider number Clinical Supervisors/RNs reviewing and locking the OASIS for a period of 4 weeks. After 4 consecutive weeks of 100% compliance, the audit will decrease to 50% of all OASIS for another 4 weeks. After that 4 weeks of 100% compliance is obtained the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 4)</p>		

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	<p>9. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>10. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>11. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>12. The agency's policy titled "Parent Agency Responsibilities," # B-125, reviewed March 2015 stated, "The parent agency will have defined responsibilities in relation to coordination of care provided through branches. All services not furnished directly by the parent agency are monitored and controlled. ... Special Instructions 1. The HHA's policies and procedures, or other forms of</p>			

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	<p>documentation (e.g., organizational charts) will be used to determine compliance with this standard. 2. Regardless of the formal organizational structure, the overall responsibility for all services provided, whether directly, through arrangements or contracts, rests with the HHA that has assumed responsibility for admitting patients and implementing plans of care. ... 4. The Board of directors assumes full legal authority and responsibility for all operations of the agency, regardless if parent or branch status. 5. Certain determined functions (ie. Billing/payroll/intake..) will be localized at the parent branch. The functions are clearly identified on the organizational chart."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to</p>			

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N 0484 Bldg. 00	all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel." 410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing			

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	<p>services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. Based on record review and interview, the agency failed to ensure the nurses communicated changes in length of Peripherally Inserted Central Catheter (PICC) line measurements to the physician for 1 of 1 record reviewed receiving PICC line management (# 3); failed to ensure all disciplines ordered on referral were included on the plan of care (POC) and initiated timely for 1 of 20 records reviewed (# 10); and failed to ensure the Home Health Aide reported vital signs to the nurse as ordered on the aide care plan for 2 of 9 records reviewed receiving HHA services. (# 2 and 12)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes,</p>	N 0484	<p>To ensure compliance with 410 IAC 17-12-2(g): QA and Performance Improvement the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment, documentation review, as well as return demonstration of skills including measurement of PICC line. • A PICC measurement service code was created in the electronic medical record software on 12/14/15 to prompt clinicians to complete a PICC measurement at their visits. • All Home Health Aides will attend by 12/24/15 training on documentation with review of policy C-800 and C-751. • All clinical staff will be educated on policy C-360 Coordination of Client services, C-635 Physician's orders, and C-660 Care Plans by 12/24/15. Education focus 	12/23/2015

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	<p>and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p> <p>C. The SN Visit Note Report dated 11/6/15 by employee G stated, "Indicate PICC Catheter Site Assessment: Red. ... Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of</p>		<p>included the need to provide all disciplines indicated, detailed and timely physician order and updating the care plan.</p> <p>An audit will be performed by the administrator or designee of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p> <p>An audit will be performed by the administrator or designee of 100% of HHA visits to ensure compliance with reporting as outlined in Policies C-800 and C-200 until 100% compliance is met for 4 consecutive weeks.</p> <p>After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 7)</p> <p>An audit will be performed by the administrator/designee of 100% of all new admissions to ensure all ordered disciplines are added to the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100%</p>		

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	<p>the redness at the PICC catheter site.</p> <p>D. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>E. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>2. The clinical record for patient # 2 was reviewed on 11/16/15. The start of care date was 10/10/15. The record contained a plan of care (POC) dated 10/10-12/8/15 with orders for HHA effective 10/11/15 2 visits a week for 3 weeks.</p> <p>A. The Aide Care Plan Report dated 10/10-12/8/15 stated, "Vital Signs that Require Physician Notification by SN: ... Blood Pressure Upper 170/90, Lower 80/50."</p> <p>B. The Visit Note Report dated 10/14/15 by employee C, HHA, stated,</p>		<p>compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 8)</p>		

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	<p>"Blood Pressure 174/82. ... Physician Contacted: No. Comments: [patient] said ... feeling fine." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>C. The Visit Note Report dated 10/17/15 by employee W, HHA, stated, "Blood Pressure 173/91. ... Physician Contacted: No. Comments: SYS [systolic]: 173 over 91 DIAS [diastolic] ." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>D. During interview on 11/16/15 at 1:45 PM, the Administrator stated the agency could not find any notes saying the HHAs called the nurses on 10/14 or 10/17/15 to notify of vital signs being high.</p> <p>3. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to</p>			

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	<p>air if no drainage noted.</p> <p>A. The Clinical Coordination Note Report dated 9/25/15 stated "Received referral from ... Cleveland Clinic. ... Start of care tomorrow 9/26/15. Patient will need SN, PT [Physical Therapy], OT [Occupational Therapy] due to laminectomy, hypertension, diabetes mellitus II, and depression." The record failed to evidence PT and OT were ordered on the POC; failed to evidence PT was ordered until 10/14/15; and failed to evidence OT was ordered.</p> <p>B. The Client Coordination Note Report dated 10/12/15 stated, "Patient's [spouse] called to inform GLC that doctor at Cleveland Clinic has ordered Physical Therapy. Informed [caregiver] that GLC would obtain the order and send a therapist out for an evaluation."</p> <p>C. During interview on 11/17/15 at 3:30 PM, the Administrator stated the patient's spouse called the agency on 10/12/15 to say the Cleveland Clinic had ordered PT upon referral to the agency. The Administrator stated she did not see any refusal by the patient for the PT and OT services, and the OT was not started.</p> <p>4. The clinical record for patient # 12 was reviewed on 11/18/15. The start of</p>			

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	<p>care date was 7/19/15. The POC dated 9/17-11/15/15 contained orders for HHA 1 visit a week for 3 weeks.</p> <p>A. The Aide Care Plan Report dated 9/17-11/15/15 stated, "Vital Signs that Require Physician Notification by SN: ... Blood Pressure Upper 170/90, Lower 80/50."</p> <p>B. The Visit Note Report dated 10/28/15 by employee X, HHA, stated, "Blood Pressure 147/95. ... Physician Contacted: No. Comments: DIAS [diastolic]: No dizziness from patient." The visit note failed to evidence the HHA notified the nurse of the vital signs.</p> <p>5. The agency's policy titled "Home Health Aide: Documentation," # C-800, reviewed March 2015 stated, "2. The Home Health Aide shall be responsible for reporting any changes in the client's condition or other pertinent observations to the Clinical Supervisor."</p> <p>6. The agency's policy titled "Home Health Aide Care Plan," # C-751, reviewed March 2015 stated, "Policy ... All home health aide staff will follow the identified plan."</p> <p>7. The agency's policy titled "Home Health Aide Services," # C-220,</p>			

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	<p>reviewed March 2015 stated, "Special Instructions 1. Home Health Aide services may include: g. Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist."</p> <p>8. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>9. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p>			

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	<p>10. The agency's policy titled "Coordination of Client Services," #C-360, reviewed March 2015 stated, "Purpose ... To ensure services are coordinated between members of the interdisciplinary team. ... 3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensue: a. Clarification of the plan of care orders. ... d. Client's need for skilled nursing care, e. Need for other services and/or referral to community resources."</p> <p>11. The agency's policy titled "Physician Orders," # C-635, reviewed March 2015 stated, "1. When the nurse or therapist receives a verbal order from the physician, he/she shall write the order as given and then read the order back to the physician verifying that the person receiving the order heard it correctly and interpreted the order correctly."</p> <p>12. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "1. Following the initial assessment, a Care Plan shall be developed with the client and/or caregiver. The interventions shall correspond to the problems identified,</p>			

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N 0508 Bldg. 00	<p>services needed and the client goals for the episode of care."</p> <p>410 IAC 17-12-3(b)(2)(E) Patient Rights Rule 12 Sec. 3(b)(2)(E) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records. Based on record review and interview, the agency failed to ensure the confidentiality of medical records by allowing an acquired agency to provide services to 26 of 73 active patients listed on both the South Bend branch active patient list and the acquired agency's active patient list (# 16, 26, 27, 28, 29, 30, 31, 31, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 51), for 1 of 1 record reviewed chosen from the parent agency's Outcome Assessment and Information Set (OASIS) report (# 16); and failed to ensure an arrangement or agreement was in place for the corporate office in Michigan to submit OASIS data to the State agency for 1 of 1 agency.</p>	N 0508	<p>To ensure compliance with 410 IAC 17-12-3(b)(2)(E): Patient Rights the following interventions have been implemented:</p> <ul style="list-style-type: none"> • As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA. • As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS 	12/23/2015

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	<p>Findings include:</p> <p>1. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>2. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated the acquired agency staff were Great Lakes employees. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency. The Administrator stated the revenue for those particular patients would go to the South Bend branch. The Administrator stated both agencies allocate speech therapist between them, but the acquired</p>		<p>data to the state.</p> <ul style="list-style-type: none"> • As of December 3rd 2015-All agency South Bend branch patients were assigned to the correct South Bend RN Clinical Supervisor. • As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. • As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. <p>An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>		

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	<p>agency would not bill the patients. The Administrator stated the staff at the acquired agency did have access to the medical records of the patients they provide services for, even though the patients were also listed on the South Bend branch roster.</p> <p>A. The South Bend active roster was compared with the acquired agency's active list and cross referenced on 11/5 and 11/6/15. Patients listed on the South Bend active roster and also the acquired agency list included:</p> <p># 26, start of care date (SOC) 10/27/15</p> <p># 27, SOC 10/29/15</p> <p># 28, SOC 10/18/15</p> <p># 29, SOC 7/18/15</p> <p># 30, SOC 9/26/15</p> <p># 31, SOC 8/14/15</p> <p># 32, SOC 9/26/15</p> <p># 33, SOC 10/26/15</p> <p># 34, SOC 11/3/15</p> <p># 35, SOC 9/22/15</p> <p># 36, SOC 10/27/15</p> <p># 37, SOC 10/24/15</p> <p># 38, SOC 9/10/15</p> <p># 39, SOC 9/11/15</p> <p># 40, SOC 10/3/15</p> <p># 41, SOC 10/10/15</p> <p># 42, SOC 8/12/15</p> <p># 43, SOC 11/1/15</p>			

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	<p># 44, SOC 10/22/15 # 45, SOC 10/31/15 # 46, SOC 3/24/15 # 47, SOC 9/14/15 # 48, SOC 9/29/15 # 49, SOC 9/28/15 # 50, SOC 7/8/15, and # 51, SOC 9/26/15.</p> <p>B. During interview on 11/6/15 at 10:15 AM, the Administrator provided the South Bend only roster. The Administrator stated this roster was only the patients for whom South Bend provides care. This roster failed to evidence patients 26-51.</p> <p>3. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own Administrator and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:30 AM, the Administrator stated since the staff at the acquired agency were all Great Lakes employees, there was not a violation of confidentiality of medical records. The Administrator stated the South Bend branch was approved for those counties before other provider number was acquired. The Administrator stated Great Lakes acquired the Warsaw</p>			

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	<p>agency's provider number in October, 2014.</p> <p>5. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided services by the acquired agency.</p> <p>B. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>C. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical</p>			

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	<p>Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational Therapy (OT) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>D. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>E. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>F. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p> <p>G. The record evidenced patient # 16 was provided OT services from the acquired agency on 4/2 by employee CC.</p>						

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	<p>6. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>7. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>8. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>9. The agency's policy titled "Minimum Necessary Disclosures of Protected Health Information," # C-385, reviewed March 2015 stated, "Routine and recurring disclosures of health information 1. GLC has identified disclosures of health information it makes on a routine and recurring basis that are not related to treatment. 2. GLC has determined the minimum amount of</p>			

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	<p>health information that is needed to achieve the purpose of these requests. ... Non-routine disclosures of health information ... 3. GLC relies on representations that the information requested is the minimum amount necessary if the request is from a public official, a health care provider, a health plan, a professional providing service to GLC as a business associate, or a researcher (who provides appropriate documentation). ... Disclosures of entire medical records GLC does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented."</p> <p>10. The agency's policy titled "Clinical Record Confidentiality," # C-880, reviewed March 2015 stated, "1. Authorized users will be identified as: ... b. Staff members and contract staff providing and supervising client care."</p> <p>11. The agency's policy titled "Client/Family Rights & Responsibilities," # C-390, reviewed March 2015 stated, "Privacy and Security- You have the right to: ... Confidentiality of written, verbal and electronic protected health information including your medical records,</p>			

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	<p>information about your health, social and financial circumstances or about what takes place in your home. ... State of Indiana Addendum: Sec. 3. (a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: ... (2) Maintain documentation showing it has complied with the requirements of this section. ... (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records."</p> <p>12. The agency's policy titled "Management of electronic Data," # B-435, reviewed March 2015 stated, "4. Physical Security. ... These procedures limit access to areas, which contain computer network equipment to those with a confirmed "need to know". ... 2. Data Security Policy. ... a. Scope. i. this policy applies to all data maintained or created by entities within the jurisdiction of GLC. This includes but is not limited to, data maintained within: 1. Branches supported by GLC information systems department. ... Basic Code of</p>			

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	<p>Computer Security Ethics 1. Every effort will be made to restrict access to data and facilities to those people with a need-to-know."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The</p>			

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N 0522 Bldg. 00	<p>Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."</p> <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 record review, and interview, the agency failed to ensure discipline visits were provided as ordered on the plan of care (POC) for 2 of 20 clinical records reviewed (# 2 and 13). Findings include:</p>	N 0522	<p>To ensure compliance with 410 IAC 17-13-1(a): Patient Care the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All clinical staff were educated by 12/24/15 on policies C-121 Admission policy, C-585 Frequencies, and C-660 Plan of 	12/23/2015

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	<p>1. The clinical record for patient #2 was reviewed on 11/16/15. The start of care date was 10/10/15. The POC dated 10/10-12/8/15 contained orders for Skilled Nurse (SN) 1 time a week for 3 weeks, 1 every 2 weeks for 2 weeks, then 1 every 4 weeks for 4 weeks, with 3 as needed visits for pain, falls, cardiac complications.</p> <p>A. The record failed to evidence a SN visit was completed the week of 10/18-21/2015.</p> <p>B. During interview on 11/16/15 at 1:45 PM, the Administrator stated the agency could not find any missed visits notes or SN notes for the week of 10/18-21/2015.</p> <p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls; HHA 2 times a week for 3 weeks, then 1 time a week for 2 weeks; PT starting 9/6 1 time a week for 1 week,</p>		<p>care. Education focus included the need to provide all disciplines and services as ordered by the physician, documentation of missed visits, and the requirement to notify the physician of changes in the plan of care including missed visits.</p> <p>An audit will be performed by the administrator/designee of 100% of all missed visits until compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to quarterly and will be completed through the clinical record review process. (Exhibit 9)</p>		

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	<p>2 times a week for 6 weeks, then 1 time a week for 1 week; and TO 1 time a week for 1 week.</p> <p>A. The record evidenced new orders for PT on 9/19 1 time a week for 3 weeks. The record failed to evidence PT conducted a visit the week of 9/20-9/26/15, 9/27-10/3, and 10/4-10/10/15.</p> <p>B. The record failed to evidence the HHA conducted a second visit the week of 8/30-9/5/15, and failed to conduct a second visit the week of 9/6-9/12/15.</p> <p>C. During interview on 11/19/15 at 10:22 AM, the Administrator stated the agency does not have any records of missed visits for HHA 8/30-9/5 or 9/6-9/12, and no missed visit records for PT for 9/20-10/17/15.</p> <p>3. The agency's policy titled "Admission Policy," # C-121, reviewed March 2015 stated, "Criteria for Client Admission: ...</p> <p>6. Services for a client receiving Skilled Nursing, Therapy, Medical Social Services or Home Health Aide services must follow a written Plan of Care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. ...</p> <p>7. There must be a reasonable expectation that the client's</p>			

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N 0524 Bldg. 00	<p>medical, nursing, social, or rehabilitations needs can be adequately met in the client's home. 8. Reasonable expectation shall consider: a. Whether GLC's personnel and resources are adequate and suitable for providing the services the client requires."</p> <p>4. The agency's policy titled "Frequencies," # C-585, reviewed March 2015 stated, "1. The regulations requires the home health agencies to alert the physician to any changes that suggest a need to alter the plan of care. If the home health agency provides fewer visits than the physician orders, it has altered the plan of care and the physician must be notified. The home health agency must maintain documentation in the clinical record indicating that the physician was notified and is aware of the missed visit."</p> <p>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.</p>			

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	<p>(C) Include the following:</p> <ul style="list-style-type: none"> (i) Mental status. (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. <p>Based on record review, observation, and interview, the agency failed to ensure all durable medical equipment (DME) used by the patients was included on the plan of care (POC) for 3 of 10 home visit observations # 7, 8, and 9); failed to ensure all disciplines ordered by physician upon referral were initiated at the start of care for 1 of 20 clinical records reviewed (#10); and failed to ensure interventional orders contained a frequency for 1 of 20 records reviewed (# 11).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During home visit observation with patient #7 on 11/12/15 at 10:30 AM, DME in the home included a walker. 	N 0524	<p>To ensure compliance with 410 IAC 17-13-1(a)(1): Patient Care the following interventions have been implemented:</p> <ul style="list-style-type: none"> •<input type="checkbox"/> All clinical staff will receive education by 12/24/15 on the requirement to list all DME items in the home on the 485. Education included the need to add any type of assistive or medical device on the POC. •<input type="checkbox"/> All clinical staff will be educated by 12/24/15 on policy C-360 Coordination of Client services, C-660 Care Plans, C-145 Comprehensive Client Assessment, and C-635 Physicians orders. Education focused on adding all disciplines as indicated at SOC, updating the plan of care based on ongoing patient assessment and including detailed and clear physicians 	12/23/2015			

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	<p>The POC dated 9/19-11/17/15 failed to contain the walker.</p> <p>2. During home visit observation with patient # 8 on 11/12/15 at 1:30 PM, DME in the home included a walker. The POC dated 10/30-12/28/15 failed to contain the walker.</p> <p>3. During home visit observation with patient # 9 on 11/13/15 at 9:30 AM, DME in the home included a walker. The POC dated 11/8/15-1/6/16 failed to contain the walker.</p> <p>4. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted.</p> <p>A. The Clinical Coordination Note Report dated 9/25/15 stated "Received referral from ... Cleveland Clinic. ... Start of care tomorrow 9/26/15. Patient</p>		<p>orders.</p> <ul style="list-style-type: none"> • All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15. <p>An audit will be performed by the administrator/designee of 100% of all 485's to ensure that DME is listed until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 10)</p> <p>An audit will be performed by the administrator/designee on 100% of all admissions to verify plan of care includes all disciplines ordered until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 8)</p> <p>An audit will be performed by administrator/designee of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete</p>				

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	<p>will need SN, PT [Physical Therapy], OT [Occupational Therapy] due to laminectomy, hypertension, diabetes mellitus II, and depression." The record failed to evidence PT and OT were ordered on the POC; failed to evidence PT was ordered until 10/14/15; and failed to evidence OT was ordered.</p> <p>B. The Client Coordination Note Report dated 10/12/15 stated, "Patient's [spouse] called to inform GLC that doctor at Cleveland Clinic has ordered Physical Therapy. Informed [caregiver] that GLC would obtain the order and send a therapist out for an evaluation."</p> <p>C. During interview on 11/17/15 at 3:30 PM, the Administrator stated the patient's spouse called the agency on 10/12/15 to say the Cleveland Clinic had ordered PT upon referral to the agency. The Administrator stated she did not see any refusal by the patient for the PT and OT services, and the OT was not started.</p> <p>5. The clinical record for patient # 11 was reviewed on 11/18/15. The start of care date was 12/9/14. The POC dated 10/5-12/3/15 contained orders for SN 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3</p>		documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)		

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	<p>times a week for 2 weeks, then 2 times a week for 1 week, with 3 as needed visits for pain, falls, cardiac/respiratory, gastrointestinal/gastrourinary, diabetic, or wound complications. Need for skilled teaching and intervention related to left heel, and poor skin integrity. Cleanse with wound cleanser, apply collagen, cover with foam dressing. Wrap bilateral lower extremities with 2 layer compression wraps.</p> <p>A. The POC failed to contain a frequency of the wound care orders.</p> <p>B. During interview on 11/18/15 at 11:25 AM, the Administrator stated there should be a frequency on the wound care orders.</p> <p>6. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "3. The Care Plan shall include, but not be limited to: a. Problems and needs identified related to diagnosis. ... c. A list of specific interventions with plans for implementation. ... 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs. ... State of Indiana Addendum: ... The nursing plan of care will contain: 1. A plan of care and appropriate patient identifying</p>			

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	<p>information, ... 5. Medications, diet, and activities."</p> <p>7. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... e. Need for other services and/or referral to community resources."</p> <p>8. The agency's policy titled "Comprehensive Client Assessment," # C-145 reviewed March 2015 stated, "In addition to general health status/system assessment, GLC comprehensive assessment tool with OASIS will include: ... m. Equipment management."</p> <p>9. The agency's policy titled "Physician Orders," # C-635, reviewed March 2015 stated, "1. When the nurse or therapist receives a verbal order from the physician, he/she shall write the order as given and then read the order back to the physician verifying that the person receiving the order heard it correctly and interpreted the order correctly."</p>						

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N 0527 Bldg. 00	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1.(a)(2) The health care professional staff of the home health agency shall promptly alert the person responsible for the medical component of the patient's care to any changes that suggest a need to alter the medical plan of care.</p> <p>Based on record review, and interview, the agency failed to ensure physicians were notified of patients no longer needing Skilled Nursing (SN) services due to goals met for 2 of 20 records reviewed (# 10 and 13), and failed to notify physician to revise goals met and goals needing revised for pain for 1 of 20 records reviewed (# 10).</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled</p>	N 0527	<p>To ensure compliance with 410 IAC 17-13-1(a)(2): Patient Care the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All clinical staff educated on policy C-360 Coordination of Client Services, and C-660 Care Plans. Education focused on the need to revise goals as patient condition changes, notify physician of change in patient condition, interventions must match diagnosis and plan of care, pain interventions need to be detailed and address patient's pain. As goals are met they need to be discontinued, wound care must be discontinued when wound healed. <p>An audit will be performed by the administrator/designee on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until</p>	12/23/2015

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	<p>teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for:</p> <ul style="list-style-type: none"> -Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications; -Evaluate patient and develop plan of care to be counter signed by physician; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request; =Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam; -Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental 		<p>100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 12)</p> <p>An audit will be performed by the administrator/designee of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p>		

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	<p>exam;</p> <ul style="list-style-type: none"> -Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention; -Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease; -SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance; -SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS); -SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease; -SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with 			

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	<p>diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN ass feet and reinforce diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96> 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90,</p>			

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	<p>fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained;</p> <p>-Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process;</p> <p>-Patient/caregiver verbalize and</p>			

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	<p>demonstrate ability to manage altered bowel elimination. Patient will have bowel patency;</p> <p>-Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease;</p> <p>-Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home;</p> <p>-Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin;</p> <p>-Wound complications avoided;</p> <p>-Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period;</p> <p>-Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ;</p> <p>-Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls;</p> <p>-Patient/caregiver will demonstrate proper techniques of pressure ulcer</p>			

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	<p>prevention.</p> <p>The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Claudia 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care Outcome Assessment and Information Set assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can</p>						

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	<p>neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130."</p> <p>The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>C. The Visit Note Report dated 10/2/15 stated "Pain: All of the time. ... Pain Scale Rating 9. ... Wound: no problems identified. ... Have the patient's blood sugars remind stable for</p>			

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	<p>the past two week? Not Applicable- blood sugars are not routinely checked." The Narrative section stated "Pain never gets lower than a 6. ... Instructed on pain management. See interventions." The section titled "Interventions" stated, "3. Observe and assess pain intensity and pain level. See physical assessment section." The Narrative note stated, "Has generalized pain that is constant. Pain during SN visit rated a 9 on 1-10 scale. Just took pain med 30 minutes before SN arrival."</p> <p>The record failed to evidence a pain intervention other than instruction was provided; failed to evidence the physician was notified to change or revise the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient;" and failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>D. The Visit Note Report dated 10/2/15 Interventions Provided stated, "6. Instruct in cardiovascular hypo/hypertension disease process, Details/Comments: Dietary restrictions, Low Sodium/low fat." The POC Nutritional Requirements stated "Diabetic." The agency failed to evidence education to the patient on diabetic diet, and failed to clarify/verify with the physician as to the</p>			

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	<p>diet/nutritional needs of the patient, and failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>E. The Visit Note Report dated 10/2/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention, 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 4. Pain management intervention completed this visit. 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction in cardiovascular hypo/hypertension disease completed this episode- patient/primary caregiver independent. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode- patient /primary caregiver independent. 9. Instruction regarding self management of altered bowel elimination completed this episode- patient/primary caregiver independent. 10. Exacerbations of gastrointestinal disease are promptly identified and</p>				

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	<p>interventions implemented to minimize risks to patient. ... Instruction regarding self management of meds that manage depression completed this episode-patient/primary caregiver independent. ... 18. Instructions regarding ability to self manage nutritional requirements to promote skin integrity completed this episode- patient/primary caregiver independent. 19. Instructions regarding ability to self manage nutritional requirements to alleviate pressure completed this episode- patient/primary caregiver independent. 20. Instructions regarding signs and symptoms of infection and skin breakdown completed this episode- patient/primary caregiver independent. ... 22. Instruction regarding wound management completed this episode-patient/caregiver independent. 23. Instruction regarding avoiding wound complications completed this episode-patient/caregiver independent. ... 29. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>F. The Visit Note Report dated 10/6/15 stated, "Pain: All of the time," and was rated at 9. The Endocrine/Hematopoietic section stated, "Have the patient's blood sugars remained stable for the past two weeks?"</p>			

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	<p>Yes." The section titled "Goals Met" stated, "2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 8. Instruction regarding self management of neurologic disease completed this episode- patient /primary caregiver independent. 9. Assessment regarding patient ability to self manage wound care completed this visit. ... 14. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>G. The Visit Note Report dated 10/14/15 stated, "Pain, daily but not constantly," rated at 9. The section titled "Wounds" stated, "No problems identified." The Narrative section stated, "Incision site clean, dry and intact, without signs of infection or drainage, left open to air, will continue to monitor." The section titled "Interventions</p>						

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	<p>Provided" stated, "4. Instruct patient/caregiver regarding pain management and principles, ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures, ... 6. Instruct patient/caregiver in reduction of risk for injury and improvement in environment to prevent injury, ... 8. Instruct in cardiovascular hypo/hypertension disease process, ... 12. Instruct regarding causes and complication of constipation/diarrhea, ... 22. Assess patients ability to self manage disease process, details/comments: diabetic diet, diabetic skin care, proper skin care, foot care and inspection, medication management. ... 26. Assess current wound treatment for effectiveness weekly , details/comments: assess wound treatment for effectiveness and wound progressing."</p> <p>H. The Visit Note Report dated 10/14/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic</p>			

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	<p>pain control measures this visit. 6. Instruction regarding injury prevention completed this episode- patient/caregiver independent. 7. Instruction regarding managing changes in cognition completed this episode- patient/caregiver independent. 8. Instruction in cardiovascular hypo/hypertension disease completed this episode-patient/caregiver independent. ... 10. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 11. Instruction regarding self management of gastrointestinal disease completed this episode- patient/caregiver. 12. Instruction regarding self management of altered bowel elimination completed this episode- patient/caregiver independent. 13. Exacerbations of gastrointestinal disease are promptly identified and interventions implements to minimize risks to patient. ... 15. Instruction regarding self management of anxiety completed this episode- patient/caregiver independent. ... 19. Instruction regarding self management of depression completed this episode- patient/caregiver independent. ... 23. Instruction regarding equipment to alleviate pressure completed this episode- patient/caregiver independent. 25. Instruction regarding sings and symptoms of infection and skin breakdown</p>			

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	<p>completed this episode- patient/caregiver independent. ... 27. Instruction regarding wound management completed this episode- patient/caregiver independent. 28. Instruction regarding avoiding wound complications completed this episode- patient/caregiver independent. ... 31. Instruction in wound care completed for this episode- patient/caregiver independent. ... 35. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>I. The Goals Met previously on 10/6/15 were repeated as being re-instructed on and met again on 10/14/15 visit and listed as #'s 1, 2, 5, 8, 10, 11, 12, 13, 28, and 35. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>J. The Visit Note Report dated 10/21/15 stated, "Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds:" stated, "Posterior neck healing incision without redness or edema." The Narrative section stated, "There is an incision to posterior neck approximately 8 centimeters in length almost completely healed without redness or edema. Incision is left [open to air] OTA."</p>			

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	<p>K. The visit note repeated instructions/interventions identified on 10/14/15. The Visit Note Report dated 10/21/15 stated, "Instructions Provided.</p> <p>1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 10. Assess for signs and symptoms of depression and monitor depression symptoms on a routine basis. ... 18. ... Patient instructed in avoidance of environmental hazards including throw rugs, clutter, poor lighting, inappropriate foot wear, obstructed pathways, pets."</p> <p>L. The Visit Note Report dated 10/21/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic</p>			

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	<p>pain control measures this visit. ... 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode-patient/caregiver. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment notes failed to evidence any cardiac and respiratory problems.</p> <p>M. The Goals Met previously on 10/14/15 were repeated as being re-instructed on and met again on 10/21/15 visit and listed as #'s 1, 2, 5, 7, 8, and 18. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>N. The Visit Note Report dated 10/30/15 stated, "Pain ... all of the time. ... Indicate patient Pain Scale Rating: 9." The section titled "Integumentary/Wounds" stated, "No problems identified." The Narrative section stated, "Incision to posterior neck healed."</p> <p>O. The visit note repeated instructions/interventions identified on 10/21/15. The Visit Note Report dated</p>			

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	<p>10/30/15 stated, "Instructions Provided.</p> <p>1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 19. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>P. The Goal Met previously on 10/21/15 were repeated as being re-instructed on and met again on 10/30/15 visit and listed as #'s 1, 2, and 5. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>Q. During telephone interview on 11/18/15 at 10:00 AM, patient #10's spouse stated the steri-strips fell off of</p>			

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	<p>the wound incision by the first or second nursing visit [would be approximately 10/6/15]. The patient's spouse stated the nursing services continued to be provided after the steri strips fell off and the nurses were touching on teaching about depression and other self-care related topics for the patient.</p> <p>R. During interview on 11/11/18/15 at 10:30 AM, the Administrator stated if the wound was healed and no other SN was needed, that would be an indication to discharge from SN services and let therapy continue and close out the case. The Administrator stated the patient could have been discharged from SN on 11/4 or 11/10/15.</p> <p>S. SN visits continued to be provided on 11/4 and 11/11/15. The Visit Note Report dated 11/4/15 stated, "Pain ... all of the time. ... Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds" stated, "No problems identified."</p> <p>T. The visit note repeated instructions/interventions identified on 10/30/15. The Visit Note Report dated 11/4/15 stated, "Interventions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct</p>			

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	<p>in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 17. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>U. The Goals Met previously on 10/30/15 were repeated as being re-instructed on and met again on 11/4/15 visit and listed as: 1. Patient/caregiver ill verbalized understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7.</p>			

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	<p>Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>V. The Visit Note Report dated 11/11/15 stated, "Pain ... all of the time. Indicate Patient Pain Scale Rating: 8."</p> <p>W. The visit note repeated instructions/interventions identified on 11/4/15. The Visit Note Report dated 11/11/15 stated, "Interventions Provided: 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 17. Instruct in nutritional requirements to promote good</p>			

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	<p>skin integrity and healing." The Visit Report Note dated 10/30/15 evidenced the wound healed.</p> <p>X. The Goals Met previously on 11/4/15 were repeated as being re-instructed on and met again on 11/1/15 visit and listed as: 1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical</p>			

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	<p>incision was healed on 10/30/15.</p> <p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls. SN for:</p> <ul style="list-style-type: none"> -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain level to physician; -Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; - Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -SN for urinary incontinence screening and intervention; SN to provide skilled 			

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	<p>teaching related to urinary incontinence management. May obtain urinalysis and culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention.</p> <p>-SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications, SN for administration of saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <p>-Skilled instruction of medication regimen to identify</p>			

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	<p>changes/complications for early intervention.</p> <p>GOALS;</p> <ul style="list-style-type: none"> -Pulse oximetry results obtained. -Changes in respiratory status will be identified and reported to physician for prompt intervention to minimize associated risks; -Improvement in urinary incontinence; -Improvement in management of urinary incontinence; -Exacerbations of gastrointestinal disease will be promptly identified and interventions implemented to minimize risks to patient. -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. -Patient will have bowel patency; -Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention, -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced; -Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request; -Patient/caregiver will demonstrate 				

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	<p>ability to safely manage medications.</p> <p>A. The SN Visit Note Report Narrative section dated 9/10/15 stated, "Patient seen for RN visit and HHA supervisory visit. ... Denies difficulty breathing. Bilateral lung sounds clear. Active bowel sounds x 4 quadrants. Reports BM [bowel movement] this morning. No edema noted. Denies falls. Denies chest pain. Denies depression. No new skin issues present. Skin remains intact. Reports good appetite at meal time. Spastic movement noted at times due to Huntington's diagnosis. Patient reports ... taking [their] medication as prescribed and feels much better. ... Discharge teaching: Continue meds as ordered. Keep all follow up appointments with physicians. Signs and symptoms of hypertension: chest pain, shortness of breath, heart palpitations, facial flushing. Fall precautions. Med teaching: Ziac: effect, dose, frequency, side effects. ... Patient voices understanding of all teaching completed today."</p> <p>B. The Visit Note Report dated 9/10/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in</p>			

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	<p>pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. 6. Obtain pulse oximetry for shortness of breath. ... 9. Instruct in nutritional requirements to promote good skin integrity and healing."</p> <p>C. The SN Visit Note Report dated 9/10/15 section titled "Goals Met," stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions</p>			

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	<p>initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Pulse oximetry completed this visit. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 9. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote food skin integrity. ... 12. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Integumentary/Wounds stated, "No problems identified." The assessment section for Cardiovascular stated, "Hypertension." The vital signs were recorded as temperature 98.7, pulse 68, respirations 18, and blood pressure 118/78.</p> <p>D. The SN Visit Note Report dated 9/24/15 section titled "Interventions Provided," stated, "1. Instruct</p>			

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	<p>patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. ... 5. Obtain pulse oximetry for shortness of breath. ... 8. Instruct in nutritional requirements to promote good skin integrity and healing. ... 12. Instruct importance of following prescribed diet after discharge." The assessment</p> <p>E. The Goals Met previously on 9/10/15 were repeated as being re-instructed on and met again on 9/24/15 visit and listed as: "1. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. 4. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity." -The agency failed to notify the physician to remove the Met Goals and modify/revise the POC on 9/10/15.</p> <p>F. The SN Visit Note Report dated</p>			

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	10/6/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruct patient/caregiver regarding measures to assist in managing urinary incontinence-adult briefs, disposable underpads, condom catheters."			

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	<p>G. The SN Visit Note Report dated 10/6/15 section titled "Goals Met," previously on 9/24/15 were repeated as being re-instructed on and met again on 10/6/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruction regarding urinary incontinence completed for this episode. 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No</p>			

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	<p>problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>H. The SN Recertification Outcome Assessment and Information Set (OASIS) Visit Note Report dated 10/26/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver</p>			

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	<p>regarding pharmacological and nonpharmacologic pain control measures. ... 7. Perform assessment for urinary incontinence. ... UA [Urinalysis] and C & S [culture and sensitivity] obtained. 8. Instruct patient/caregiver regarding causes and complication of constipation/diarrhea. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing." The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified."</p> <p>I. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly</p>			

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	<p>identified and interventions implemented to minimize risks to patient." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>J. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at this time." The record failed to evidence the patient was discharged from SN services.</p> <p>3. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "1. Following the initial assessment, a Care Plan shall be developed with the client and/or caregiver. The interventions shall correspond to the problems identified, services needed and the client goals for the episode of care. 2. The Care Plan shall be reviewed, evaluated, and revised (minimally every sixty (60) days and as needed) based upon the client's health status and/or environment, ongoing client assessments, caregiver support systems,</p>						

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	<p>and the effectiveness of the interventions in achieving progress toward goals. All changes will be communicated to the appropriate staff members. 3. The Care Plan shall include, but not be limited to:</p> <p>a. Problems and needs identified related to diagnosis. b. Reasonable, measurable, and realistic goals as determined by the assessment and client expectations. c. A list of specific interventions with plans for implementation. d. Indicators for measuring goals achievement and identified time frames. 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs."</p> <p>4. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "Purpose ... To ensure appropriate, quality care is being provided to clients. ... To modify the plan to reflect needs or changed identified by members of the ream and avoid duplication of services. To identify needs to modify the plan of care. ... Special Instructions ... 2. Interdisciplinary care conferences shall be conducted as often as necessary to respond to changes in the client's needs, services, care, or goals. 3. After the initial assessment the admitting Registered Nurse/Therapist shall</p>			
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	<p>communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... d. Client's need for skilled nursing care. e. Need for other services and/or referral to community resources. ... 7. The Nurse Case Manager or Clinical Supervisor will assume responsibility for updating/changing the Care Plan and communicating changes to caregivers within 24 hours following the conference or changes. The physician will be contacted when his/her approval for that change is necessary and to alert the physician to changes in client condition. ... 9. GLC will identify a communication system to assure that all disciplines and departments are informed of changes to plan and/or need for modification."</p> <p>5. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The Registered Nurse: ... b. Regularly reevaluates the client needs, and coordinates the necessary services. c. Initiates the Plan of Care and necessary revisions and updates to the plan of care and the care plan. d. Provides services requiring specialized nursing skill ... e. Informs the physician and other personnel of changes in the client condition and needs. ... 2. The Licensed Practical Nurse: ...</p>			

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N 0537 Bldg. 00	<p>d. Reports findings and observation to the registered nurse, physician and other members of the team to assure coordination and timely response to client changes or needs. ... 3. Skilled nursing activities in the home care setting may include: observation and assessment, teaching and training activities. Management and evaluation of the care plan and routine and complex skilled procedures."</p> <p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on record review, and interview, the agency failed to ensure the nursing staff provided treatments as ordered on the plan of care (POC) for 1 of 20 records reviewed. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of</p>	N 0537	To ensure compliance with 410 IAC 17-14-1(a): Scope of Services the following interventions have been implemented: · All LPN and RN staff received education by 12/24/15, that included hands on demonstration check offs in a skills lab by RN staff educators. The education included review of PICC line procedures, physician notification of abnormal assessment,documentation	12/24/2015

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	<p>care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC</p>		<p>review, as well as return demonstration of skills including measurement of PICC line. An audit will be performed by the administrator or designee of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process (Exhibit 6)</p>		

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	<p>line, and failed to evidence the nurse used sterile technique for the dressing change.</p> <p>C. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p> <p>D. The SN Visit Note dated 11/3/15 by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco [Vancomycin] peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line was measured during the dressing change.</p> <p>E. The SN Visit Note Report dated 11/6/15 by employee G stated, "Indicate PICC Catheter Site Assessment: Red. ... Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the redness at the PICC catheter site.</p>				

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	<p>F. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>2. During interview on 11/16/15 at 3:00 PM, the Administrator stated PICC dressing changes should be sterile.</p> <p>3. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>4. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early</p>			

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N 0541 Bldg. 00	<p>detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>5. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on record review, and interview, the agency failed to ensure nurses revised the plans of care for 2 of 20 records reviewed, failed to ensure physicians were notified of patients no longer needing Skilled Nursing (SN) services due to goals met for 2 of 20 records reviewed (# 10 and 13), and failed to notify physician to revise goals met and</p>	N 0541	<p>To ensure compliance with 410 IAC 17-14-1(a): Scope of Services the following interventions have been implemented:</p> <ul style="list-style-type: none"> All clinical staff educated on policy C-360 Coordination of Client services, C-660 Care Plans, and C200 Skilled Nursing Services. Education focus included the need to provide all 	12/24/2015

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	<p>goals needing revised for pain for 1 of 20 records reviewed (# 10).</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for:</p> <ul style="list-style-type: none"> -Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications; -Evaluate patient and develop plan of care to be counter signed by physician; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -Provide instructions related to discharge 		<p>disciplines indicated, detailed and timely physician orders, and updating the care plan and patient goals change, physician notification of change in patient status and discharge when goals met.</p> <p>An audit will be performed by the administrator/designee on 100% of all admissions and recertification visits to assure patient interventions match diagnosis on the plan of care until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 12)</p> <p>An audit will be performed by the administrator/designee of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p> <p>An audit will be performed by the administrator/designee of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4</p>	

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	<p>planning. Discharge summary for all disciplines available to physician upon request;</p> <p>=Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam;</p> <p>-Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p>		<p>consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p>		

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	<p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN ass feet and reinforce diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable</p>			

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	<p>hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96> 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p>				

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	<p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained;</p> <p>-Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process;</p> <p>-Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency;</p> <p>-Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease;</p> <p>-Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home;</p> <p>-Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin;</p>			

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	<p>-Wound complications avoided;</p> <p>-Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period;</p> <p>-Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ;</p> <p>-Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls;</p> <p>-Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention.</p> <p>-The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of</p>			

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	<p>"Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130." The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for</p>						

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	<p>approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>C. The Visit Note Report dated 10/2/15 stated "Pain: All of the time. ... Pain Scale Rating 9. ... Wound: no problems identified. ... Have the patient's blood sugars remind stable for the past two week? Not Applicable- blood sugars are not routinely checked." The Narrative section stated "Pain never gets lower than a 6. ... Instructed on pain management. See interventions." The section titled "Interventions" stated, "3. Observe and assess pain intensity and pain level. See physical assessment section." The Narrative note stated, "Has generalized pain that is constant. Pain during SN visit rated a 9 on 1-10 scale. Just took pain med 30 minutes before SN arrival." The record failed to evidence a pain intervention other than instruction was provided; failed to evidence the physician was notified to change or revise the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient;" and</p>			

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	<p>failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>D. The Visit Note Report dated 10/2/15 Interventions Provided stated, "6. Instruct in cardiovascular hypo/hypertension disease process, Details/Comments: Dietary restrictions, Low Sodium/low fat." The POC Nutritional Requirements stated "Diabetic." The agency failed to evidence education to the patient on diabetic diet, and failed to clarify/verify with the physician as to the diet/nutritional needs of the patient, and failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>E. The Visit Note Report dated 10/2/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention, 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 4. Pain management intervention completed this visit. 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction in</p>				

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	cardiovascular hypo/hypertension disease completed this episode- patient/primary caregiver independent. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode- patient /primary caregiver independent. 9. Instruction regarding self management of altered bowel elimination completed this episode- patient/primary caregiver independent. 10. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... Instruction regarding self management of meds that manage depression completed this episode- patient/primary caregiver independent. ... 18. Instructions regarding ability to self manage nutritional requirements to promote skin integrity completed this episode- patient/primary caregiver independent. 19. Instructions regarding ability to self manage nutritional requirements to alleviate pressure completed this episode- patient/primary caregiver independent. 20. Instructions regarding signs and symptoms of infection and skin breakdown completed this episode- patient/primary caregiver independent. ... 22. Instruction regarding wound management completed				

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	<p>this episode-patient/caregiver independent. 23. Instruction regarding avoiding wound complications completed this episode-patient/caregiver independent. ... 29. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>F. The Visit Note Report dated 10/6/15 stated, "Pain: All of the time," and was rated at 9. The Endocrine/Hematopoietic section stated, "Have the patient's blood sugars remained stable for the past two weeks? Yes." The section titled "Goals Met" stated, "2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 8. Instruction regarding self management of neurologic disease completed this episode- patient /primary caregiver independent. 9. Assessment regarding</p>			

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	<p>patient ability to self manage wound care completed this visit. ... 14. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>G. The Visit Note Report dated 10/14/15 stated, "Pain, daily but not constantly," rated at 9. The section titled "Wounds" stated, "No problems identified." The Narrative section stated, "Incision site clean, dry and intact, without signs of infection or drainage, left open to air, will continue to monitor." The section titled "Interventions Provided" stated, "4. Instruct patient/caregiver regarding pain management and principles, ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures, ... 6. Instruct patient/caregiver in reduction of risk for injury and improvement in environment to prevent injury, ... 8. Instruct in cardiovascular hypo/hypertension disease process, ... 12. Instruct regarding causes and complication of constipation/diarrhea, ... 22. Assess patients ability to self manage disease process, details/comments: diabetic diet, diabetic skin care, proper skin care, foot care and inspection, medication management. ... 26. Assess current wound treatment for effectiveness weekly</p>			

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	, details/comments: assess wound treatment for effectiveness and wound progressing." H. The Visit Note Report dated 10/14/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Instruction regarding injury prevention completed this episode- patient/caregiver independent. 7. Instruction regarding managing changes in cognition completed this episode- patient/caregiver independent. 8. Instruction in cardiovascular hypo/hypertension disease completed this episode-patient/caregiver independent. ... 10. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 11. Instruction regarding self management of gastrointestinal disease completed this episode- patient/caregiver. 12. Instruction regarding self management of altered bowel elimination completed this episode- patient/caregiver						

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	<p>independent. 13. Exacerbations of gastrointestinal disease are promptly identified and interventions implements to minimize risks to patient. ... 15. Instruction regarding self management of anxiety completed this episode-patient/caregiver independent. ... 19. Instruction regarding self management of depression completed this episode-patient/caregiver independent. ... 23. Instruction regarding equipment to alleviate pressure completed this episode-patient/caregiver independent. 25. Instruction regarding sings and symptoms of infection and skin breakdown completed this episode- patient/caregiver independent. ... 27. Instruction regarding wound management completed this episode- patient/caregiver independent. 28. Instruction regarding avoiding wound complications completed this episode- patient/caregiver independent. ... 31. Instruction in wound care completed for this episode-patient/caregiver independent. ... 35. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards."</p> <p>I. The Goals Met previously on 10/6/15 were repeated as being re-instructed on and met again on 10/14/15 visit and listed as #'s 1, 2, 5, 8, 10, 11, 12, 13, 28, and 35. The agency</p>			

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	<p>failed to notify the physician to remove the Met Goals and modify/revise the POC.</p> <p>J. The Visit Note Report dated 10/21/15 stated, "Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds:" stated, "Posterior neck healing incision without redness or edema." The Narrative section stated, "There is an incision to posterior neck approximately 8 centimeters in length almost completely healed without redness or edema. Incision is left [open to air] OTA."</p> <p>K. The visit note repeated instructions/interventions identified on 10/14/15. The Visit Note Report dated 10/21/15 stated, "Instructions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 10. Assess for signs and symptoms of depression and monitor depression symptoms on a routine basis. ... 18. ... Patient instructed in avoidance of environmental</p>			

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	<p>hazards including throw rugs, clutter, poor lighting, inappropriate foot wear, obstructed pathways, pets."</p> <p>L. The Visit Note Report dated 10/21/15 Goals Met section stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. ... 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Instruction regarding self management of gastrointestinal disease completed this episode-patient/caregiver. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment notes failed to evidence any cardiac and respiratory problems.</p> <p>M. The Goals Met previously on 10/14/15 were repeated as being re-instructed on and met again on 10/21/15 visit and listed as #'s 1, 2, 5, 7, 8, and 18. The agency failed to notify the</p>			

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	<p>physician to remove the Met Goals and modify/revise the POC.</p> <p>N. The Visit Note Report dated 10/30/15 stated, "Pain ... all of the time. ... Indicate patient Pain Scale Rating: 9." The section titled "Integumentary/Wounds" stated, "No problems identified." The Narrative section stated, "Incision to posterior neck healed."</p> <p>O. The visit note repeated instructions/interventions identified on 10/21/15. The Visit Note Report dated 10/30/15 stated, "Instructions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 19. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching</p>						

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	<p>related to wound/decub instructions.</p> <p>P. The Goal Met previously on 10/21/15 were repeated as being re-instructed on and met again on 10/30/15 visit and listed as #'s 1, 2, and 5. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>Q. During telephone interview on 11/18/15 at 10:00 AM, patient #10's spouse stated the steri-strips fell off of the wound incision by the first or second nursing visit [would be approximately 10/6/15]. The patient's spouse stated the nursing services continued to be provided after the steri strips fell off and the nurses were touching on teaching about depression and other self-care related topics for the patient.</p> <p>R. During interview on 11/11/18/15 at 10:30 AM, the Administrator stated if the wound was healed and no other SN was needed, that would be an indication to discharge from SN services and let therapy continue and close out the case. The Administrator stated the patient could have been discharged from SN on 11/4 or 11/10/15.</p>			

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	<p>S. SN visits continued to be provided on 11/4 and 11/11/15. The Visit Note Report dated 11/4/15 stated, "Pain ... all of the time. ... Indicate Patient Pain Scale Rating: 8." The section titled "Integumentary/Wounds" stated, "No problems identified."</p> <p>T. The visit note repeated instructions/interventions identified on 10/30/15. The Visit Note Report dated 11/4/15 stated, "Interventions Provided. 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 18. Skilled observation, teaching and provision of wound/deub care as follows: signs and symptoms of infection to report such as elevated temp, redness, swelling, increased pain. 17. Instruct in nutritional requirements to promote good skin integrity and healing." The agency failed to discontinue unnecessary teaching related to wound/decub instructions.</p> <p>U. The Goals Met previously on 10/30/15 were repeated as being</p>			

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	<p>re-instructed on and met again on 11/4/15 visit and listed as: 1. Patient/caregiver ill verbalized understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards. The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed.</p> <p>V. The Visit Note Report dated 11/11/15 stated, "Pain ... all of the time. Indicate Patient Pain Scale Rating: 8."</p>			

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	<p>W. The visit note repeated instructions/interventions identified on 11/4/15. The Visit Note Report dated 11/11/15 stated, "Interventions Provided: 1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure ... details/comments: instruct in pressure relief including using pillow for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. ... 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 17. Instruct in nutritional requirements to promote good skin integrity and healing." The Visit Report Note dated 10/30/15 evidenced the wound healed.</p> <p>X. The Goals Met previously on 11/4/15 were repeated as being re-instructed on and met again on 11/1/15 visit and listed as: 1. Patient/caregiver will verbalize understanding of instructions given related to pressure ulcer relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiate quickly to minimize associated risks. ... and 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to</p>			

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	<p>physician for prompt intervention and to minimize associated risks. 7. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 17. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity. ... 18. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The agency failed to notify the physician to remove the Met Goals and modify/revise the POC, and failed to discontinue SN services once the cervical incision was healed on 10/30/15.</p> <p>2. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls. SN for: -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain</p>			

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	<p>level to physician;</p> <p>-Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications;</p> <p>- Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance;</p> <p>-Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications;</p> <p>-SN for urinary incontinence screening and intervention; SN to provide skilled teaching related to urinary incontinence management. May obtain urinalysis and culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention.</p> <p>-SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications, SN for administration of saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p>				

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	<p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention.</p> <p>GOALS;</p> <p>-Pulse oximetry results obtained.</p> <p>-Changes in respiratory status will be identified and reported to physician for prompt intervention to minimize associated risks;</p> <p>-Improvement in urinary incontinence;</p> <p>-Improvement in management of urinary incontinence;</p> <p>-Exacerbations of gastrointestinal disease will be promptly identified and interventions implemented to minimize risks to patient.</p> <p>-Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination.</p> <p>-Patient will have bowel patency;</p>			

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	<p>-Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls;</p> <p>-Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention,</p> <p>-Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced;</p> <p>-Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request;</p> <p>-Patient/caregiver will demonstrate ability to safely manage medications.</p> <p>A. The SN Visit Note Report Narrative section dated 9/10/15 stated, "Patient seen for RN visit and HHA supervisory visit. ... Denies difficulty breathing. Bilateral lung sounds clear. Active bowel sounds x 4 quadrants. Reports BM [bowel movement] this morning. No edema noted. Denies falls. Denies chest pain. Denies depression. No new skin issues present. Skin remains intact. Reports good appetite at meal time. Spastic movement noted at times due to Huntington's diagnosis. Patient reports ... taking [their] medication as prescribed and feels much better. ... Discharge teaching: Continue meds as ordered. Keep all follow up</p>			

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	<p>appointments with physicians. Signs and symptoms of hypertension: chest pain, shortness of breath, heart palpitations, facial flushing. Fall precautions. Med teaching: Ziac: effect, dose, frequency, side effects. ... Patient voices understanding of all teaching completed today."</p> <p>B. The Visit Note Report dated 9/10/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with</p>			

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	<p>activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. 6. Obtain pulse oximetry for shortness of breath. ... 9. Instruct in nutritional requirements to promote good skin integrity and healing."</p> <p>C. The SN Visit Note Report dated 9/10/15 section titled "Goals Met," stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Pulse oximetry completed this visit. 7. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. 8. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. 9. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote food skin integrity. ... 12. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment</p>			

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	<p>section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Integumentary/Wounds stated, "No problems identified." The assessment section for Cardiovascular stated, "Hypertension." The vital signs were recorded as temperature 98.7, pulse 68, respirations 18, and blood pressure 118/78.</p> <p>D. The SN Visit Note Report dated 9/24/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. ... 5. Obtain pulse oximetry for shortness of breath. ... 8. Instruct in nutritional requirements to promote good skin integrity and healing. ... 12. Instruct importance of following prescribed diet after discharge."</p>			

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	<p>E. The Goals Met previously on 9/10/15 were repeated as being re-instructed on and met again on 9/24/15 visit and listed as: "1. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. 4. Patient/caregiver will demonstrate ability to self manage nutritional requirements to promote good skin integrity." -The agency failed to notify the physician to remove the Met Goals and modify/revise the POC on 9/10/15.</p> <p>F. The SN Visit Note Report dated 10/6/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4. Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed</p>			

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	<p>patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence. 8. Instruct patient/caregiver regarding measures to assist in managing urinary incontinence-adult briefs, disposable underpads, condom catheters."</p> <p>G. The SN Visit Note Report dated 10/6/15 section titled "Goals Met," previously on 9/24/15 were repeated as being re-instructed on and met again on 10/6/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize</p>			

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	<p>associated risks. 7. Instruct patient/caregiver regarding measures to reduce incidence of urinary incontinence.</p> <p>8. Instruction regarding urinary incontinence completed for this episode.</p> <p>9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient. ... 19. Patient/caregiver stated understanding of instructions of fall preventions related to environmental hazards." The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>H. The SN Recertification Outcome Assessment and Information Set (OASIS) Visit Note Report dated 10/26/15 section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to elevate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 4.</p>			

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	<p>Instruct patient/caregiver regarding pain and pain management principles ... instructed patient/caregiver regarding use of pain scale using 0-10 pain scale. Instructed regarding causes of pain. Instructed regarding principles of pain management including need for management of pain to enhance healing and ability to cope with illness. Instructed patient/caregiver that pain is best controlled before it reaches an unmanageable level. Instructed patient/caregiver to coordinate administration of pain medication with activities. 5. Instruct patient/caregiver regarding pharmacological and nonpharmacologic pain control measures. ... 7. Perform assessment for urinary incontinence. ... UA [Urinalysis] and C & S [culture and sensitivity] obtained. 8. Instruct patient/caregiver regarding causes and complication of constipation/diarrhea. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing." The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified."</p> <p>I. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed</p>				

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	<p>as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient."</p> <p>- The assessment section for Respiratory stated, "Was respiratory system assessed? Yes. Indicate respiratory assessment findings: No problems identified." The assessment section for Cardiovascular stated, "No problems identified." The agency failed to notify the physician for a need to remove met goals and update POC.</p> <p>J. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at this time." The record failed to evidence the patient was discharged from SN</p>			

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	<p>services.</p> <p>3. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "1. Following the initial assessment, a Care Plan shall be developed with the client and/or caregiver. The interventions shall correspond to the problems identified, services needed and the client goals for the episode of care. 2. The Care Plan shall be reviewed, evaluated, and revised (minimally every sixty (60) days and as needed) based upon the client's health status and/or environment, ongoing client assessments, caregiver support systems, and the effectiveness of the interventions in achieving progress toward goals. All changes will be communicated to the appropriate staff members. 3. The Care Plan shall include, but not be limited to:</p> <p>a. Problems and needs identified related to diagnosis. b. Reasonable, measurable, and realistic goals as determined by the assessment and client expectations. c. A list of specific interventions with plans for implementation. d. Indicators for measuring goals achievement and identified time frames. 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs."</p>						

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	<p>4. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "Purpose ... To ensure appropriate, quality care is being provided to clients. ... To modify the plan to reflect needs or changed identified by members of the ream and avoid duplication of services. To identify needs to modify the plan of care. ... Special Instructions ... 2. Interdisciplinary care conferences shall be conducted as often as necessary to respond to changes in the client's needs, services, care, or goals. 3. After the initial assessment the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... d. Client's need for skilled nursing care. e. Need for other services and/or referral to community resources. ... 7. The Nurse Case Manager or Clinical Supervisor will assume responsibility for updating/changing the Care Plan and communicating changes to caregivers within 24 hours following the conference or changes. The physician will be contacted when his/her approval for that change is necessary and to alert the physician to changes in client condition. ... 9. GLC will identify a communication system to assure that all disciplines and</p>			

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	<p>departments are informed of changes to plan and/or need for modification."</p> <p>5. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The Registered Nurse: ... b. Regularly reevaluates the client needs, and coordinates the necessary services. c. Initiates the Plan of Care and necessary revisions and updates to the plan of care and the care plan. d. Provides services requiring specialized nursing skill ... e. Informs the physician and other personnel of changes in the client condition and needs. ... 2. The Licensed Practical Nurse: ... d. Reports findings and observation to the registered nurse, physician and other members of the team to assure coordination and timely response to client changes or needs. ... 3. Skilled nursing activities in the home care setting may include: observation and assessment, teaching and training activities. Management and evaluation of the care plan and routine and complex skilled procedures."</p>			

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N 0542 Bldg. 00	<p>410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on record review, the agency failed to ensure the admitting nurse initiated revisions to the plan of care, and failed to notify the physician of the need to alter the plan of care pain goal for 1 of 20 records reviewed (# 10), and failed to ensure the</p> <p>Findings include:</p> <p>1. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain, gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for:</p>			N 0542	<p>To ensure compliance with 410 IAC 17-14-1(a)(1)(c): Scope of Services the following interventions have been implemented:</p> <p>All RN's received education on Policy C-200 Skilled nursing services with focus on the requirement of the RN to provide ongoing assessment and update of the plan of care. This includes physician notification of goals not met, uncontrolled pain, or other changes in patient condition. All interventions must be applicable to the plan of care.</p> <p>An audit will be performed by the administrator/designee of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process.</p>		12/24/2015

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	<p>-Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications;</p> <p>-Evaluate patient and develop plan of care to be counter signed by physician;</p> <p>-Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications;</p> <p>-Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request;</p> <p>=Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam;</p> <p>-Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home</p>		<p>(Exhibit 13)</p> <p>An audit will be performed by the administrator/designee of 50% of all skilled nursing visits for pain interventions and physician notification when indicated until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process (Exhibit 14)</p>	

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	<p>management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline</p>			

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	<p>testing. SN ass feet and reinforce diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96 > 101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met,</p>			

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	<p>discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained;</p> <p>-Patient/caregiver will demonstrate ability to self manage gastrointestinal disease process;</p> <p>-Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency;</p> <p>-Demonstrated ability to self manage</p>			

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	<p>neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease;</p> <ul style="list-style-type: none"> -Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home; -Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin; -Wound complications avoided; -Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period; -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ; -Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention. <p>A. The initial start of care was 9/26/15. The Client Coordination Note</p>			

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	<p>Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised; failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met were not being continued.</p> <p>B. The start of care assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes.</p>			

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	<p>How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130."</p> <p>C. The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>2. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The Registered Nurse: ... b. Regularly reevaluates the client needs, and coordinates the necessary services. c. Initiates the Plan of Care and necessary revisions and updates to the plan of care and the care plan. d. Provides services requiring specialized nursing skill ... e. Informs</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157586	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/19/2015
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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING	STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902
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N 0546 Bldg. 00	<p>the physician and other personnel of changes in the client condition and needs. ... 2. The Licensed Practical Nurse: ... d. Reports findings and observation to the registered nurse, physician and other members of the team to assure coordination and timely response to client changes or needs. ... 3. Skilled nursing activities in the home care setting may include: observation and assessment, teaching and training activities. Management and evaluation of the care plan and routine and complex skilled procedures."</p> <p>410 IAC 17-14-1(a)(1)(G) Scope of Services Rule 14 Sec. 1(a) (1)(G) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (G) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise and teach other nursing personnel. Based on record review, and interview, the agency failed to ensure the nurses notified the physician of changes in Peripherally Inserted Central Catheter</p>	N 0546	To ensure compliance with 410 IAC 17-14-1(a)(1)(G): Scope of Services the following interventions have been implemented:	12/24/2015

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NAME OF PROVIDER OR SUPPLIER GREAT LAKES CARING			STREET ADDRESS, CITY, STATE, ZIP CODE 3115 S WEBSTER ST KOKOMO, IN 46902		
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	<p>(PICC) length for 1 of 1 patient records reviewed receiving PICC line care (# 3), and failed to measure wounds weekly for 1 of 2 patients receiving wound care (# 4).</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in</p>		<p>•<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15</p> <p>· All LPN and RN staff received hands on competency check offs in a skills lab by RN staff educators, competency included review of PICC line procedures and return demonstration of skills, documentation, measurement of PICC and physician notification of abnormal assessment. To be completed by 12/24/15</p> <p>•<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> PICC measurement service code created in HCHB on 12/14/15.</p> <p>An audit will be performed by administrator/designee of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p> <p>An audit will be performed by the</p>		

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	<p>centimeters: 10.0."</p> <p>B. The SN Visit Report dated 10/30/15 by employee G stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 11.0." The record failed to evidence the physician was notified of the 1 centimeter longer measurement of the PICC line.</p> <p>2. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the nurse that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>3. The clinical record for patient # 4 was reviewed on 11/17/15. The start of care date was 9/20/15. The POC dated 9/20-11/18/15 contained orders for SN 6 times a week for 1 week, 7 times a week for 1 week, 2 times a week for 1 week, then 1 time a week for 6 weeks, with 3 as needed visits for pain, falls, respiratory/cardiac, wound complications, mental status changes. SN for teaching and intervention related to wounds. Area to ball of left foot cleanse with wound cleanser, apply betadine and let dry, every day. Area to right upper arm cleanse with wound</p>		<p>administrator or designee of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p>		

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	<p>cleanser, apply Santyl and cover with lightly moistened gauze and dry and dry gauze. Area to right hip cleanse with wound cleanser, apply Santyl cover with lightly moistened gauze and cover with dry gauze.</p> <p>A. The Wound Assessment Tool Report dated 9/27-11/3/15 failed to evidence the Upper Right Arm, Right Hip, and Left Ball of Foot wounds were measured the weeks of 9/27-10/3, 10/4-10/10, and 11/1-11/3.</p> <p>4. During interview on 11/17/15 at 11:45 AM, the Administrator stated she did not see any documentation of wound measurements during those weeks.</p> <p>5. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally</p>			

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N 0547 Bldg. 00	<p>placed catheters."</p> <p>6. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>7. The agency's policy titled "Assessment of Skin Integrity," # G-095, revised 12/18/14 stated, "If a wound is present measurements will occur at least once a week if the patient is being seen weekly."</p> <p>410 IAC 17-14-1(a)(1)(H) Scope of Services Rule 14 Sec. 1(a) (1)(H) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (H) Accept and carry out physician, chiropractor, podiatrist, dentist and optometrist orders (oral and written). Based on record review, and interview, the agency failed to ensure the plan of care (POC) contained a frequency of wound care orders for 2 of 2 clinical records reviewed of patients receiving</p>	N 0547	To ensure compliance with 410 IAC 17-14-1(a)(1)(H): Scope of Services the following interventions have been implemented:	12/24/2015

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	<p>wound care (# 4 and 11), and failed to ensure the POC included orders for drawing labs from the Peripherally Inserted Central Catheter (PICC) for 1 of 1 record review of patients with PICC lines. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic panel] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The POC failed to evidence the agency obtained orders to draw labs via the PICC line.</p>		<p>• All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15.</p> <p>· All LPN and RN staff received hands on competency check offs in a skills lab by RN staff educators, competency included review of PICC line procedures and return demonstration of skills, documentation, measurement of PICC and physician notification of abnormal assessment. To be completed by 12/24/15</p> <p>· PICC measurement service code created in HCHB on 12/14/15.</p> <p>An audit will be performed by administrator/designee of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p>	

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	<p>B. During interview on 11/16/15 at 3:00 PM, the Administrator indicated the orders for lab draws via PICC line are on the infusion orders for the Vancomycin.</p> <p>C. The [Infusion Clinic] orders dated 10/22/15-4/22/16 stated, "Physicians Orders: ... 2. Routine PICC Care." This order failed to evidence the physician ordered lab draws via the PICC line.</p> <p>2. The clinical record for patient # 4 was reviewed on 11/17/15. The start of care date was 9/20/15. The POC dated 9/20-11/18/15 contained orders for SN 6 times a week for 1 week, 7 times a week for 1 week, 2 times a week for 1 week, then 1 time a week for 6 weeks, with 3 as needed visits for pain, falls, respiratory/cardiac, wound complications, mental status changes. SN for teaching and intervention related to wounds. Area to ball of left foot cleanse with wound cleanser, apply betadine and let dry, every day. Area to right upper arm cleanse with wound cleanser, apply Santyl and cover with lightly moistened gauze and dry and dry gauze. Area to right hip cleanse with wound cleanser, apply Santyl cover with lightly moistened gauze and cover with dry gauze.</p> <p>-The wound care orders for the right</p>		<p>An audit will be performed by the administrator or designee of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p>	

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	<p>upper arm and the right hip failed to contain frequencies for the wound care.</p> <p>3. The clinical record for patient # 11 was reviewed on 11/18/15. The start of care date was 12/9/14. The POC dated 10/5-12/3/15 contained orders for SN 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 2 weeks, then 2 times a week for 1 week, with 3 as needed visits for pain, falls, cardiac/respiratory, gastrointestinal/gastrourinary, diabetic, or wound complications. Need for skilled teaching and intervention related to left heel, and poor skin integrity. Cleanse with wound cleanser, apply collagen, cover with foam dressing. Wrap bilateral lower extremities with 2 layer compression wraps.</p> <p>A. The POC failed to contain a frequency of the wound care orders.</p> <p>B. During interview on 11/18/15 at 11:25 AM, the Administrator stated there should be a frequency on the wound care orders.</p> <p>4. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "3. The Care Plan shall include,</p>			

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	<p>but not be limited to: a. Problems and needs identified related to diagnosis. ... c. A list of specific interventions with plans for implementation. ... 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs. ... State of Indiana Addendum: ... The nursing plan of care will contain: 1. A plan of care and appropriate patient identifying information, ... 5. Medications, diet, and activities."</p> <p>5. The agency's policy titled "Venipuncture for Blood Specimen Collection," # I-140, revised 7/30/14 stated, "Blood Draw from Central Venous Access Devices ... Procedure: 1. Review Physician order. 2. Use strict sterile technique."</p> <p>6. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... e. Need for other services and/or referral to community resources."</p>			

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N 0553 Bldg. 00	<p>410 IAC 17-14-1(a)(2)(A) Scope of Services Rule 14 Sec. 1(a) (2) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (A) Provide services in accordance with agency policies. Based on record review and interview, the agency failed to ensure the Licensed Practical Nurse (LPN) followed Peripherally Inserted Central Catheter (PICC) Line policies and procedures for measuring and changing PICC dressings 1 of 1 record reviewed receiving PICC line care. (# 3)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac, respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of</p>	N 0553	<p>To ensure compliance with 410 IAC 17-14-1(a)(2)(A): Scope of Services the following interventions have been implemented:</p> <ul style="list-style-type: none"> All LPN and RN staff received hands on competency check offs in a skills lab by RN staff educators, competency included review of PICC line procedures and return demonstration of skills, documentation, measurement of PICC and physician notification of abnormal assessment. To be completed by 12/24/15. PICC measurement service code created in HCHB on 12/14/15. <p>An audit will be performed by the administrator or designee of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and</p>	12/24/2015

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	<p>10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC line and failed to evidence the nurse changed the dressing using sterile technique.</p> <p>C. The SN Visit Note dated 11/3/15 by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to</p>		will be completed through the clinical record review process. (Exhibit 6)		

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	<p>dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line was measured during the dressing change.</p> <p>D. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>2. During interview on 11/16/15 at 3:00 PM, the Administrator stated PICC dressing changes should be sterile.</p> <p>3. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the LPN that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p> <p>4. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Catheter Tip Migration: It is possible for any type of central venous catheter to migrate to another location while in the body. Certain types of clients are more</p>			

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N 0563 Bldg. 00	<p>susceptible to catheter tip migration. ... Clients who are very active. ... Response: Measure and document the external length of the catheter with each dressing change. This will assist in early detection. Periodic catheter tip verification by x-ray study should be performed on all long-term, centrally placed catheters."</p> <p>5. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "PICC line dressing changes will use Strict Aseptic Technique. ... Procedure ... 9. ... Note length of catheter exposed. ... 11. Don sterile gloves. ... Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>410 IAC 17-14-1(c)(2) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (2) review the plan of care as often as the severity of the patient's condition requires, but at least every two (2) months; Based on record review, and interview, the agency failed to ensure the recertification of patients was within the 5 day window for 1 of 20 records reviewed. (# 12)</p>	N 0563	To ensure compliance with 410 IAC 17-14-1(c)(2): Scope of Services the following interventions have been implemented: ● <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All clinical staff	12/24/2015

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	<p>Findings include:</p> <p>1. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC was dated 9/17-11/15/15. The 5 day window for recertification was 9/12-9/16/15.</p> <p>A. The recertification was not completed until 9/22/15.</p> <p>B. The Physician Verbal Order dated 9/16/15 stated, "Patient refused visit today for recertification. Intervention: Reschedule missed visit for Friday 9/18.15."</p> <p>C. The Client Coordination Note Report dated 9/17/15 stated, "This nurse called to set up appointment with patient for recert and was informed that patient was staying with other son to give primary CG [caregiver] respite and to visit. Could be done Monday or Tuesday. Patient apparently received a new Glucometer from Dr. and DIL [daughter in law] would like instructions on how to use it. Will notify PCP [primary care physician] of delay along with clinical supervisor."</p> <p>D. The Physician Verbal Order form dated 9/18/15 stated, "Patient unavailable for visit on 9/18/15. ... Reschedule</p>		<p>educated on policy C-145 comprehensive client assessment and C-155 Client Recertification/Follow-up/and Resumption of Care. Education included the requirement to recertify within the five day window.</p> <p>An audit will be performed by the administrator/designee of 100% of all recertification visits to verify that they were completed between day 56 and 60 until 100% compliance is met for 4 weeks. After 100% compliance is met for 4 weeks the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 16)</p>		

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	<p>recert outside of Medicare week."</p> <p>E. The Visit Note Report dated 9/22/15 stated, "Recertification Visit + Supervisory" ... "(M-0110) Episode Timing: 1-Early," ... "Homebound status ... Patient has a condition such that leaving home is medically contraindicated."</p> <p>F. During interview on 11/18/15 at 1:50 PM, the Administrator stated the patient should have been discharged once the agency found out they would not be able to schedule the recertification visit within the 5 day window.</p> <p>2. The agency's policy titled "Comprehensive Client Assessment," # C-145, reviewed March 2015 stated, "16. Reassessments are conducted based on client needs, physician orders, professional judgment and/or OASIS or other regulatory requirement."</p> <p>3. The agency's policy titled "Client Recertification/Follow-Up/Resumption of Care," # C-155, reviewed March 2015 stated, "5. Each professional discipline will be responsible for reassigning care/services at least every fifty-six to sixty (56-60) days while the client is receiving skilled services."</p>			

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N 0596 Bldg. 00	<p>410 IAC 17-14-1(l)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and Based on record review, and interview, the agency failed to ensure home health aide (HHA) skills competency checks included bathing patients for 4 of 5 Home Health Aide (HHA) files reviewed (C, I, N, and P); failed to ensure the filed skills competencies included transfer and range of motion (ROM) for 2 of 5 files reviewed (I and N); and failed to ensure an arrangement or agreement existed for the acquired agency to provide HHA services to 1 of 73 patients with HHA services listed on the South Bend branch census (# 16).</p> <p>Findings include:</p> <p>1. During interview on 11/19/15 at 1:35 PM, employee T, the Registered Nurse</p>	N 0596	<p>To ensure compliance with 410 IAC 17-14-1(l)(A): Scope of Services the following interventions have been implemented:</p> <ul style="list-style-type: none"> ●□□□□□□□□ Beginning September 21, 2015 the skills competency checks included bathing patient, transfer and range of motion as well as all other required skills. ●□□□□□□□□ On December 22, 2015 the Competency Based Skills Checklist for home health aides was revised to include how and where the skill was performed that the skill was performed on a patient, the employee who observed these skills as well as the signature of home health aide. The revised 	12/23/2015
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	<p>(RN) Educator, stated the agency does skill check offs for the HHAs on site at the parent office using a mannequin for on-boarding, and includes performing a bed bath and a discussion of shower and sponge bathing, and the next day is spent in the field with a RN for the HHA to be checked off. Employee T stated the RN preceptor gets a copy of the check list to go into the field to go over with the aides.</p> <p>2. During interview on 11/19/15 at 2:00 PM, employee T stated the agency does not have the competency check off sheets for bathing hands-on in the field for employees C, I, N and P due to a process change of assessing skills out in the field.</p> <p>3. During interview on 11/19/15 at 12:20 PM, employee L, Human Resources, stated the agency does not keep track of official first patient care dates, as the employees are usually in the office for orientation and skills lab for approximately a week, so they just say first patient contact date is 5 days after date of hire.</p> <p>4. During interview on 11/19/15 at 2:30 PM, the Administrator stated the annual skills competencies for the HHAs are done in the lab with the mannequin for all Great Lakes HHAs.</p>		<p>Competency Based Skills Checklist will be used for all Home Health Aides hired on or after December 21, 2015.</p> <ul style="list-style-type: none"> As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA. <p>An audit will be performed by the administrator/designee of 100% of all new home health aides hired on or after December 21, 2015 to ensure Competency Based Skills Checklist is completed prior to home health aide seeing patient independently. Audit will continue until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance audit will decrease to 10% quarterly and will be completed by Human Resources. (Exhibit 5)</p>		

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	<p>5. Employee file C, a HHA, was reviewed on 11/19/15. Date of hire 4/2/12, first patient contact date 4/7/12. The file contained a "Summary Documentation for Skills Demonstration Checklists," date 4/4/12. The section titled "Where Observed" stated "Lab ... 1A Temperature, 1B Pulse and Respiration, 2 Bed Bath, 3 Sponge, Tub, or Shower Bath, 4A Shampoo in Bed, 4B Shampoo at Sink or in Tub, 5A Nail Care, 5B Skin Care, 5C Backrub, 6 Oral Hygiene, 7A Urinal, 7B Bedpan, 8A Transfer Techniques, 8B Ambulation, 9A Range of Motion Exercises, 9B Positioning, 10 Make Occupied Bed." The checklist failed to evidence any of the skills were assessed being performed on a patient.</p> <p>6. Employee file I, a HHA, was reviewed on 11/19/15. Date of hire 10/15/12, first patient contact date 10/20/12. The file contained a "Summary Documentation for Skills Demonstration Checklists," date 10/16/12. The section titled "Where Observed" stated "Lab ... 1A Temperature, 1B Pulse and Respiration, 2 Bed Bath, 3 Sponge, Tub, or Shower Bath, 4A Shampoo in Bed, 4B Shampoo at Sink or in Tub, 5A Nail Care, 5B Skin Care, 5C Backrub, 6 Oral Hygiene, 7A Urinal, 7B Bedpan, 8A Transfer Techniques, 8B Ambulation, 9A Range</p>			

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	<p>of Motion Exercises, 9B Positioning, 10 Make Occupied Bed." The checklist failed to evidence any of the skills were assessed being performed on a patient.</p> <p>A. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," stated "Day 4 Will be spent in field with RN completing the: National Home Care Aide Certification Program" and the section titled "Demonstrate/Observe" was dated 11/7/12 and stated, "Hand Washing, Cleaning of equipment between patient usage, Bag Technique, Universal Precautions Kit Use, Vital Signs (blood pressure, pulse, respiration, temp), Hoyer Lift, Meals Preparation, Special Diets, Application of TED hose, Communication Skills, Observation, reporting and documentation of patient status and the care or service furnished, Basic elements of body functioning and changes in body function that must be reported to a RN, Maintenance of a clean, safe and healthy environment, Recognizing emergencies and knowledge of emergency procedures, Physical, emotional and developmental needs of patients, and Respect for the patient, privacy and property." This checklist failed to evidence bathing, transfer, and range of motion (ROM).</p>			

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	<p>7. Employee file N, a HHA, was reviewed on 11/19/15. Date of hire 5/12/14, first patient contact date 5/17/14. The document titled "Competency Based Skills Orientation Checklist for Home Health Aide (CHC)," stated "Day 4 Will be spent in field with RN completing the: National Home Care Aide Certification Program" and the section titled "Demonstrate/Observe" was dated 5/13/14 and stated, "Hand Washing, Cleaning of equipment between patient usage, Bag Technique, Universal Precautions Kit Use, Vital Signs (blood pressure, pulse, respiration, temp), Hoyer Lift, Special Diets, Application of TED hose, Communication Skills, Observation, reporting and documentation of patient status and the care or service furnished, Basic elements of body functioning and changes in body function that must be reported to a RN, Maintenance of a clean, safe and healthy environment, Recognizing emergencies and knowledge of emergency procedures, Physical, emotional and developmental needs of patients, and Respect for the patient, privacy and property." This checklist failed to evidence bathing, transfer, and ROM.</p> <p>8. Employee file P, a HHA, was reviewed on 11/19/15. Date of hire 5/27/15, first patient contact date 5/31/15.</p>				

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	<p>The document titled "Skills Checklist Assignment Detail" dated 5/26/15 stated, "MET" for "Assist patient in and out of shower, Assist to Chair, Assist with Walker, Assist with Walking, Backrub, Bed Bath, Bedpan/Fracture Pan, Blood Pressure, Check Skin, Handwashing Technique, Hoyer Lift, Make Occupied Bed, Nail Care, Oral Hygiene, Oral Temperature, Positioning, Pulse and Respiration, Range of Motion, TED Hose, Transfer Patient to wheelchair and transport, Urinal Care, Shaving-Electric, and Shaving- Safety." This document failed to evidence skills were performed in the field, and only evidenced employee T's signature.</p> <p>9. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided services by the acquired agency.</p>						

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	<p>B. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>C. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>D. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>10. The agency's job description titled "Home Health Aide," revised 6/6/14 stated, "Job Qualifications: Education: ... Must provide a satisfactory evidence of successful completion of: 1. a State-established or other Home Health Aide training program that meets the requirements of 42 CFR 484.36(a) and a competency evaluation program. ... Otherwise, must successfully complete a Home health Aide training and competency evaluation program prior to providing direct patient care."</p>			

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	<p>11. The agency's policy titled "Home Health Aide Services," # C-220, reviewed March 2015 stated, "All individuals proving home health aide services will be qualified through training and/or competency evaluations. ... Purpose To abide by state/federal guidelines and offer guidelines to GLC staff, physicians, and community for the appropriate utilization of Home Health Aide Services. Special Instructions 1. Home Health Aide services may include:</p> <p>a. Providing personal care services including bathing, dressing, feeding, weighing, back rubs, skin care and shampoos as direct by the care plan and licensed professional. b. Assisting with client transfers, ambulation and protecting the client from falls. ... g. Making observations of the client's condition and reporting the results to the Registered Nurse/Therapist, h. Assisting with range of motion exercises."</p> <p>12. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The registered nurse: ... h. Supervises and teaches other nursing personnel and home health aides as appropriate."</p>			

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N 0606 Bldg. 00	<p>410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.</p> <p>Based on record review, the agency failed to ensure the Registered Nurse (RN) supervised the Home Health Aides (HHA) every two weeks for 3 of 9 records reviewed receiving HHA services with a skilled service for longer than 2 weeks (# 12, 14 and 16), and failed to ensure the parent or branch provided HHA supervision every 2 weeks for 1 of 1 records reviewed receiving HHA services from the acquired agency (# 16).</p> <p>Findings include:</p> <p>1. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC dated 9/17-11/15/15 contained orders for HHA 1 visit a week for 3 weeks, and Skilled Nursing (SN) 1 time a week for 2 weeks, 1 every 2 week for 6 weeks, and 3 as</p>	N 0606	<p>To ensure compliance with 410 IAC 17-14-1(n): Scope of Services the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All RNs will attend training on Home Health Aide Supervisory visits with review of policy C-340 Home Health Aide Supervision. Training will be completed by 12/24/15. <p>An audit will be performed by the administrator of designee of 100% of patients receiving HHA services to ensure HHA supervisory visits are completed as outlined in policy C-340 until 100% compliance is maintained for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 18)</p>	12/24/2015

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	<p>needed visits for falls, etcetera.</p> <p>A. The record evidenced a HHA supervisory visit was conducted on 9/22/15, and not again until 10/15/15, then not again until 10/30/15. The record failed to evidence the supervisory visits were conducted every 2 weeks and within the appropriate dates. After the 9/22/ supervisory visit, the next ones should have been conducted on 10/6/15, 10/20/15, and 11/3/15.</p> <p>2. The clinical record for patient # 14, start of care date 6/29/15 was reviewed on 11/19/15 and contained a POC dated 10/27-12/25/15 with orders for SN 1 time a week for 1 week, 1 time every two weeks for 8 weeks, and 3 as needed visits for labs, safety, and abnormal bleeding; and HHA 1 time a week for 1 week, then two times a week for 8 weeks.</p> <p>A. The record evidenced a HHA supervisory visit was conducted on 10/22/15, and not again until 11/12/15. The record failed to evidence the supervisory visits were conducted every 2 weeks and within the appropriate dates. After the 10/22/15 supervisory visit, the next one should have been conducted on 11/5/15.</p> <p>B. During interview on 11/19/15 at</p>			

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	<p>11:10 AM, the Administrator stated the next supervisory visit should have been conducted around 11/3/15.</p> <p>3. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; HHA 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>B. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>C. The record evidenced a HHA supervisory visit was conducted on</p>			

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	<p>4/7/15 by employee NN, and not again until 4/24/15 by employee NN. The record failed to evidence the HHA supervisory visits were conducted by the parent agency or South Bend branch, and failed to evidence the supervisory visits were conducted every 2 weeks and within the appropriate dates. After the 4/7/15 supervisory visit, the next one should have been conducted on 4/21/15.</p> <p>D. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided services by the acquired agency.</p> <p>E. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number.</p> <p>F. During interview on 11/6/15 at 10:15 AM, the Administrator stated there</p>				

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	<p>was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency.</p> <p>G. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own organizational chart, Administrator, and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency. The Administrator stated the supervisor at the South Bend branch is responsible for the day to day scheduling of staff and over seeing care provided for the patients.</p> <p>4. The agency's policy titled "Home Health Aide Supervision," # C-340, reviewed March 2015 stated, "3. Supervisory visits of Home Health Aides shall be according to the following frequency: a. When skilled nursing services are being provided to a client, a Registered Nurse must make a supervisory visit to the client's residence at least every 14 days (either when the Home Health Aide is present to observe and assess care delivery, or when the Home Health Aide is absent) to assess</p>			

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	<p>the relationships and determine whether goals are being met. ... 8. If Home Health Aide services are provided by an individual who is not directly employed by GLC but under arrangement, GLC will take responsibility to ensure overall quality of care, provide supervision according to regulations, and ensure that training and competency requirements are met. 9. The aide visit record is reviewed by the Clinical Supervisor or designee to assure services are being provided according to the plan of care."</p> <p>5. The agency's policy titled "Skilled Nursing Services," # C-200, reviewed March 2015 stated, "1. The registered nurse: ... h. Supervises and teaches other nursing personnel and home health aides as appropriate."</p> <p>6. The agency's policy titled "Supervision of Staff," # C-315, reviewed March 2015 stated, "1. When clients are receiving skilled nursing services in addition to personal care, the Register Nurse will make a supervisory visit to the client's residence at least every two (2) weeks."</p> <p>7. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided</p>			

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	<p>under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the</p>			

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N 0608 Bldg. 00	<p>assignment of personnel."</p> <p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on record review and interview, the agency failed to ensure the accuracy of clinical information for 7 of 20 records reviewed. (# 3, 4, 10, 11, 12, 13, and 16)</p> <p>Findings include:</p> <p>1. The clinical record of patient # 3, start of care date 10/23/15, contained a plan of care (POC) dated 10/23/-12/21/15 with orders for Skilled Nursing (SN) 1 time a week for 1 week, 2 times a week for 8 weeks, then 1 time a week for 1 week, with 3 as needed visits for cardiac,</p>	N 0608	<p>To ensure compliance with 410 IAC 17-15-1(a)(1-6): Clinical Records the following interventions have been implemented:</p> <ul style="list-style-type: none"> • All LPN and RN staff received hands on competency check offs in a skills lab by RN staff educators, competency included review of PICC line procedures and return demonstration of skills, documentation, measurement of PICC and physician notification of abnormal assessment. To be completed by 12/24/15 	12/24/2015

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	<p>respiratory, gastrointestinal, gastrourinary, neurologic, endocrine, mental, pain, skin/wound status changes, and falls. SN for: ... Instruct on lab/venipuncture procedure, obtain lab results and report to physician. SN to obtain Vancomycin trough week of 10/26/15 and BMP [basic metabolic profile] twice weekly until instructed otherwise. ... SN to change PICC dressing using sterile technique every week and as needed times 3 for soiled or loose dressing.</p> <p>A. The start of care assessment form dated 10/23/15 by employee G, Registered Nurse (RN) stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 10.0."</p> <p>B. The SN Visit Note Report dated 10/26/15 by employee U, Licensed Practical Nurse (LPN) stated, "PICC line dressing dislodged. PICC line dressing changed using aseptic technique. ... Lab draw obtained via PICC line using aseptic technique." The record failed to evidence the LPN measured the PICC line and failed to evidence the nurse changed the dressing using sterile technique.</p> <p>C. The SN Visit Note dated 11/3/15</p>		<ul style="list-style-type: none"> ● <input type="checkbox"/> PICC measurement service code created in HCHB on 12/14/15. ● <input type="checkbox"/> All skilled nursing staff received education on documentation requirements for wound care, as well as hands on competency checks in a skills lab for wound care, and infection control with wound care, by an RN preceptor by 12/24/15. ● <input type="checkbox"/> All clinical staff educated on policy C-145 comprehensive client assessment and C-155 Client Recertification/Follow-up/and Resumption of Care. Education included the requirement to recertify within the five day window. <p>An audit will be performed by the administrator or designee of 100% of all patients with a PICC line until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 6)</p> <p>An audit will be performed by administrator/designee of 100% of wound visits to ensure measurements q week, as well as detailed orders and complete documentation of wound care</p>	

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	<p>by employee E, LPN stated, "Skilled Nursing assessment completed for Vanco peak draw from PICC line using clean technique." A Care Coordination Note Report dated 11/3/15 by employee E stated, "Patient requesting PICC line dressing changed during visit due to dislodgement. PICC line dressing changed using sterile technique." The record failed to evidence the PICC line was measured during the dressing change.</p> <p>D. The SN Visit Note Report dated 11/13/15 by employee V, LPN stated, "Indicate length of exposed PICC catheter from insertion site to catheter hub in centimeters: 3.0." The record failed to evidence the physician was notified of the 3 centimeter PICC measurement.</p> <p>E. During interview on 11/16/15 at 3:00 PM, the Administrator stated PICC dressing changes should be sterile.</p> <p>F. During interview on 11/17/15 at 10:05 AM, the Administrator stated she talked to the LPN that measured the PICC line at 3 centimeters on 11/13 and the nurse said she measured only what was showing under neath the dressing, and that the PICC line is sutured in place.</p>		<p>provided until 100% compliance is met for 4 consecutive weeks. After 4 weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 11)</p> <p>An audit will be performed by the administrator/designee of 100% of all recertification visits to verify that they were completed between day 56 and 60 until 100% compliance is met for 4 weeks. After 100% compliance is met for 4 weeks the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 16)</p> <p>An audit will be performed by the administrator/designee of 50% of all skilled nursing visits for updated goals when indicated and physician notification of updated and patient specific goals until 100% compliance is met for 4 consecutive weeks. After 4 consecutive weeks of 100% compliance the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 13)</p>				

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	<p>2. The clinical record for patient # 4 was reviewed on 11/17/15. The start of care date was 9/20/15. The POC dated 9/20-11/18/15 contained orders for SN 6 times a week for 1 week, 7 times a week for 1 week, 2 times a week for 1 week, then 1 time a week for 6 weeks, with 3 as needed visits for pain, falls, respiratory/cardiac, wound complications, mental status changes. SN for teaching and intervention related to wounds. Area to ball of left foot cleanse with wound cleanser, apply betadine and let dry, every day. Area to right upper arm cleanse with wound cleanser, apply Santyl and cover with lightly moistened gauze and dry and dry gauze. Area to right hip cleanse with wound cleanser, apply Santyl cover with lightly moistened gauze and cover with dry gauze.</p> <p>A. The wound care orders for the right upper arm and the right hip failed to contain frequencies for the wound care.</p> <p>3. The clinical record for patient # 10 was reviewed on 11/17/15. The start of care date was 9/26/15. POC dated 9/26-11/24/15 contained diagnosis of Aftercare following Surgery, with orders for SN 1 time a week for 1 week, 2 times a week for 2 weeks, then 1 times a week for 7 weeks, 3 as needed for falls, pain,</p>			

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	<p>gastrointestinal/gastrourinary, respiratory, cardiac, impaired skin integrity, diabetes, and functional decline. Need for skilled teaching and intervention related to wound incision cervical spine incision. Keep clean and dry. May leave open to air if no drainage noted. SN for:</p> <ul style="list-style-type: none"> -Observation and assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications; -Evaluate patient and develop plan of care to be counter signed by physician; -Observation/assessment of respiratory system to identify changes associated with exacerbation for early intervention of complications; -Provide instructions related to discharge planning. Discharge summary for all disciplines available to physician upon request; =Assess anxiety and provide assistance to patient for understanding and management of feelings. SN may perform Hamilton anxiety scale and/or mini mental exam; -Provide assessment and teaching/reinforcement of management of depression including disease process, medication management, coping skills and identify changes associated with 			

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	<p>depressive disorders for early intervention, SN may perform geriatric depression scale and/or mini mental exam;</p> <p>-Provide teaching/reinforcement in etiology of confusion or altered cognition, safety measures and home management; observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, SN to report increase in pain level to physician for prompt intervention;</p> <p>-Skilled teaching and training of emergency care plan, disease process including self management of cardiovascular hypertension disease;</p> <p>-SN to obtain pulse oximetry measurement times 3 as needed for shortness of breath, oxygen use, activity intolerance;</p> <p>-SN for instruction/reinforcement of gastrointestinal system related teaching, including diverticulitis and irritable bowel syndrome (IBS);</p> <p>-SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications; skilled teaching and training of emergency care plan, disease process laminectomy surgery including self management of neurologic disease;</p> <p>-SN to provide assessment and teaching/reinforcement of management of</p>			

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	<p>diabetes including disease process, medication management, coping skills and identify changes associated with diabetes for early intervention. SN may perform blood glucose level as needed for signs and symptoms of hyper/hypoglycemia or for baseline testing. SN ass feet and reinforce diabetes mellitus foot care;</p> <p>-SN observation and reaching integumentary status to promote optimum skin integrity;</p> <p>-SN to instruct patient/caregiver on signs and symptoms of infection related to cervical spine sutures to reduce complications to the wound;</p> <p>-SN to establish supports to minimize risk of hospitalization patient/caregiver will be instructed in emergency care plan, and aspects of cervical spine surgery disease management to reduce avoidable hospitalization;</p> <p>-Skilled instruction of medication regimen to identify changes/complications for early intervention;</p> <p>-SN to provide interventions to improve balance and reduce the risk of falls;</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk; and</p> <p>-Licensed professional to report vital signs falling outside the following established parameters: Temp < 96></p>			

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	<p>101, Pulse < 50 > 116, Respirations < 12 > 29, Systolic blood pressure , 80 > 170, Diastolic blood pressure < 50 > 90, fasting blood sugar < 60 > 300, oxygen saturation < 88.</p> <p>GOALS: Associated risks; Patient's discharge instruction needs will be met, discharge summary for all disciplines available to physician upon request; symptoms of anxiety are identified and interventions initiated to allow patient to manage feelings;</p> <p>-Patient/caregiver will verbalize/demonstrate understanding the management of depression by the end of the episode and symptoms are identified and managed to maintain patient safety in the home; Patient/caregiver will demonstrate understanding of etiology of confusion and maintain patient safety in the home;</p> <p>-Improvement in pain interfering with activity;</p> <p>-Pain controlled at level of 3 or less or at a level acceptable to the patient;</p> <p>-Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures;</p> <p>-Patient will demonstrate ability to self manage cardiovascular hypertension disease process and reduce caregiver burden associated with disease process; pulse oximetry results obtained;</p> <p>-Patient/caregiver will demonstrate</p>			

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	<p>ability to self manage gastrointestinal disease process;</p> <p>-Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. Patient will have bowel patency;</p> <p>-Demonstrated ability to self manage neurologic disease process and reduce caregiver burden associated with disease process, improvement in signs and symptoms of neurologic disease;</p> <p>-Patient/caregiver will verbalize demonstrate understanding the management of diabetes by the end of the episode and symptoms are identified and managed to maintain patient safely in the home;</p> <p>-Demonstrated improvement in existing conditions and early identification and intervention of additional compromises in skin;</p> <p>-Wound complications avoided;</p> <p>-Patient integumentary status will improve as evidenced by a decrease in size or healing of wound/decub by end of cert period;</p> <p>-Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced ;</p> <p>-Patient/caregiver will demonstrate ability to safely manage medications; patient will be able to perform activities of daily living and individual activities of</p>			

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	<p>daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention.</p> <p>The agency failed to ensure the physician was notified of goals being met and of unobtainable goals needing to be changed on the plan of care; and failed to coordinate with nursing staff to ensure instructions and education on goals met was not being continued.</p> <p>A. The initial start of care was 9/26/15. The Client Coordination Note Report dated as late entry for 9/26/15 stated "[Spouse of patient] states the lowest patient's pain ever gets is a # 8 on pain scale. Currently patient takes Dilaudid 2 milligrams tablets for pain." The agency failed to ensure the goal of "Pain controlled at level of 3 or less or at a level acceptable to the patient" was revised.</p> <p>B. The start of care Outcome Assessment and Information Set assessment form dated 9/26/15 stated "(M1018) Conditions prior to medical treatment regimen change or inpatient stay within the past 14 days ... 3- Intractable Pain." The Pain assessment section stated "Pain ... All of the time ... Pain Scale Rating: 9 ... What activities</p>			

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	<p>make pain worse: Movement. When is neck pain least? Always in Pain. How long does neck pain last? Constant. Can neck pain be relieved? No." The section titled "Endocrine/Hematopoietic" stated "Indicate endocrine/Hematopoietic assessment (mark all that apply): Diabetes, thyroid problems ... Is the patient taking insulin? No. Is the patient taking an antidiabetic agent? Yes. How frequent are blood sugars check? Not checked very often. What are the patient's usual blood sugar readings? Below 130."</p> <p>The section titled "Care Coordination" stated "Indicate if you communicated with other disciplines involved in this case: YES. What discipline did you communicate with? Physician, Caregiver(s), Clinical Supervisor. Indicate reason physician not contacted: Was Contacted. Contacted physician for approval of proposed plan of care: No. Indicate reason physician not contacted: Not in on weekends." The section titled "Goals Met" stated: "3. Patient/caregiver verbalizes understanding of basic nutritional/hydration requirements." The visit note failed to evidence the SN provided teaching/reinforcement of management of diabetes.</p> <p>4. The clinical record for patient # 11 was reviewed on 11/18/15. The start of care</p>			

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	<p>date was 12/9/14. The POC dated 10/5-12/3/15 contained orders for SN 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 1 week, 4 times a week for 1 week, 3 times a week for 2 weeks, then 2 times a week for 1 week, with 3 as needed visits for pain, falls, cardiac/respiratory, gastrointestinal/gastrouinary, diabetic, or wound complications. Need for skilled teaching and intervention related to left heel, and poor skin integrity. Cleanse with wound cleanser, apply collagen, cover with foam dressing. Wrap bilateral lower extremities with 2 layer compression wraps.</p> <p>A. The POC failed to contain a frequency of the wound care orders.</p> <p>B. During interview on 11/18/15 at 11:25 AM, the Administrator stated there should be a frequency on the wound care orders.</p> <p>5. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC was dated 9/17-11/15/15. The 5 day window for recertification was 9/12-9/16/15.</p> <p>A. The recertification was not completed until 9/22/15.</p>			

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	<p>B. The Physician Verbal Order dated 9/16/15 stated, "Patient refused visit today for recertification. Intervention: Reschedule missed visit for Friday 9/18.15."</p> <p>C. The Client Coordination Note Report dated 9/17/15 stated, "This nurse called to set up appointment with patient for recert and was informed that patient was staying with other son to give primary CG [caregiver] respite and to visit. Could be done Monday or Tuesday. Patient apparently received a new Glucometer from Dr. and DIL [daughter in law] would like instructions on how to use it. Will notify PCP [primary care physician] of delay along with clinical supervisor."</p> <p>D. The Physician Verbal Order form dated 9/18/15 stated, "Patient unavailable for visit on 9/18/15. ... Reschedule recert outside of Medicare week."</p> <p>E. The Visit Note Report dated 9/22/15 stated, "Recertification Visit + Supervisory" ... "(M-0110) Episode Timing: 1-Early," ... "Homebound status ... Patient has a condition such that leaving home is medically contraindicated."</p>			

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	<p>F. During interview on 11/18/15 at 1:50 PM, the Administrator stated the patient should have been discharged once the agency found out they would not be able to schedule the recertification visit within the 5 day window.</p> <p>6. The clinical record for patient # 13 was reviewed on 11/19/15. The start of care date was 5/2/15. Diagnosis of Huntington's Chorea. The POC dated 8/30-10/28/15 contained orders for SN the week of 9/6/15, 1 time a week for 1 week, 1 every two weeks for 4 weeks, 1 every 3 weeks for 3 weeks, and 3 as needed for cardiac/respiratory, gastrourinary/gastrointestinal, endocrine, mental, pain, skin, wound status changes, and falls. SN for:</p> <ul style="list-style-type: none"> -Evaluate patient and develop plan of care, observation and assessment of pain, effectiveness of pain management and regimen and skilled teaching related to pain management, report increase in pain level to physician; -Observation/assessment of cardiac system to identify changes associated with exacerbation for early intervention of complications; - Obtain pulse oximetry measurement upon recertification to confirm baseline and times 3 as needed shortness of breath, oxygen use, activity intolerance; -Observation/assessment of respiratory 			

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	<p>system to identify changes associated with exacerbation for early intervention of complications;</p> <p>-SN for urinary incontinence screening and intervention; SN to provide skilled teaching related to urinary incontinence management. May obtain urinalysis and culture and sensitivity times 3 if indicated for signs and symptoms of urinary tract infection or retention.</p> <p>-SN for observation/assessment of gastrointestinal system to identify changes associated with exacerbation of or early intervention of complications, SN to provide skilled teaching regarding measures to control diarrhea/constipation as well as preventing related complications, SN for administration of saline enema times 3 as needed, SN for removal of fecal impaction times 3 as needed.</p> <p>-SN to evaluate and provide interventions to improve balance and reduce the risk of falls.</p> <p>-SN to instruct patient/caregiver on preventive measures to reduce pressure ulcer risk.</p> <p>-SN to establish supports to minimize risk of hospitalization, patient/primary caregiver will be instructed in emergency care plan, and aspects of cardiovascular disease management to reduce avoidable hospitalization.</p> <p>-SN to provide instructions related to</p>			

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	<p>discharge planning. Discharge summary for all disciplines available to physician upon request.</p> <ul style="list-style-type: none"> -Skilled instruction of medication regimen to identify changes/complications for early intervention. <p>GOALS;</p> <ul style="list-style-type: none"> -Pulse oximetry results obtained. -Changes in respiratory status will be identified and reported to physician for prompt intervention to minimize associated risks; -Improvement in urinary incontinence; -Improvement in management of urinary incontinence; -Exacerbations of gastrointestinal disease will be promptly identified and interventions implemented to minimize risks to patient. -Patient/caregiver verbalize and demonstrate ability to manage altered bowel elimination. -Patient will have bowel patency; -Patient will be able to perform activities of daily living and individual activities of daily living with decreased risk for falls; -Patient/caregiver will demonstrate proper techniques of pressure ulcer prevention, -Patient will have appropriate agency supports to prevent rehospitalization, avoidable hospitalizations will be reduced; 			

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	<p>-Patient's discharge instruction needs will be met. Discharge summary for all disciplines available to physician upon request;</p> <p>-Patient/caregiver will demonstrate ability to safely manage medications.</p> <p>A. The SN Recertification Outcome Assessment and Information Set (OASIS) Visit Note Report dated 10/26/15 section titled "Braden Risk Assessment Scale" stated, "Total Score (patients with a total score of 12 or less are considered to be at high risk of developing pressure ulcers): 18. Based on the score, the risk level for this patient is: LOW." The section titled "Interventions Provided," stated, "1. Instruct patient/caregiver in position changes/adaptive equipment to alleviate pressure. Details/comments: instruct in pressure relief including using pillows for support, monitoring skin over bony prominences and position changes at least every 1-2 hours. Instruct in turning/positioning schedule. ... 10. Instruct in nutritional requirement to promote good skin integrity and healing."</p> <p>B. The Visit Note Report section titled "Integumentary/Wound" stated, "No problems identified," and failed to evidence the patient needed skin integrity instructions to avoid pressure ulcer risks</p>			

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	<p>and nutritional education to promote healing.</p> <p>C. The SN Recertification OASIS Visit Note Report dated 10/26/15 section titled "Goals Met," previously on 10/6/15 were repeated as being re-instructed on and met again on 10/26/15 visit and listed as: stated, "1. Patient/caregiver will verbalize understanding of instructions given related to pressure relief and ulcer prevention. 2. Cardiac exacerbations are identified promptly and interventions initiated quickly to minimize associated risks. ... 5. Patient/caregiver demonstrate understanding of pharmacological and nonpharmacologic pain control measures this visit. 6. Changes in respiratory status are identified and reported to physician for prompt intervention to minimize associated risks. ... 9. Exacerbations of gastrointestinal disease are promptly identified and interventions implemented to minimize risks to patient." The Goals Met failed to evidence the reflective of the needs of the patient per the assessment data recorded.</p> <p>D. The SN Recertification OASIS Visit Note Report dated 10/26/15 narrative section stated, "Patient recertified this visit nursing not need at this time patient to continue with PT at</p>			

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	<p>this time." The record failed to evidence the patient was discharged from SN services.</p> <p>7. The clinical record for patient # 12 was reviewed on 11/18/15. The start of care date was 7/19/15. The POC was dated 9/17-11/15/15. The 5 day window for recertification was 9/12-9/16/15.</p> <p>A. The recertification was not completed until 9/22/15. The agency failed to discharge the patient and left the POC dated 9/17-11/15/15.</p> <p>B. The Physician Verbal Order dated 9/16/15 stated, "Patient refused visit today for recertification. Intervention: Reschedule missed visit for Friday 9/18.15."</p> <p>C. The Client Coordination Note Report dated 9/17/15 stated, "This nurse called to set up appointment with patient for recert and was informed that patient was staying with other son to give primary CG [caregiver] respite and to visit. Could be done Monday or Tuesday. Patient apparently received a new Glucometer from Dr. and DIL [daughter in law] would like instructions on how to use it. Will notify PCP [primary care physician] of delay along with clinical supervisor."</p>			

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	<p>D. The Physician Verbal Order form dated 9/18/15 stated, "Patient unavailable for visit on 9/18/15. ... Reschedule recert outside of Medicare week."</p> <p>E. The Visit Note Report dated 9/22/15 stated, "Recertification Visit + Supervisory" ... "(M-0110) Episode Timing: 1-Early," ... "Homebound status ... Patient has a condition such that leaving home is medically contraindicated."</p> <p>F. During interview on 11/18/15 at 1:50 PM, the Administrator stated the patient should have been discharged once the agency found out they would not be able to schedule the recertification visit within the 5 day window.</p> <p>8. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients</p>			

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	<p>they provided services for and patient # 16 was provided most services by the acquired agency.</p> <p>B. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational Therapy (TO) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>C. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>D. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24,</p>			

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	<p>4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>E. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p> <p>F. The record evidenced patient # 16 was provided TO services from the acquired agency on 4/2 by employee CC.</p> <p>G. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>H. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>9. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the</p>				

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	<p>clinical record."</p> <p>10. The agency's policy titled "Minimum Necessary Disclosures of Protected Health Information," # C-385, reviewed March 2015 stated, "Routine and recurring disclosures of health information 1. GLC has identified disclosures of health information it makes on a routine and recurring basis that are not related to treatment. 2. GLC has determined the minimum amount of heath information that is needed to achieve the purpose of these requests. ... Non-routine disclosures of health information ... 3. GLC relies on representations that the information requested is the minimum a mount necessary if the request if from a public official, a health care provider, a health plan, a professional providing service to GLC as a business associate, or a researcher (who provides appropriate documentation). ... Disclosures of entire medical records GLC does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented."</p> <p>11. The agency's policy titled "Client/Family Rights & Responsibilities," # C-390, reviewed</p>			

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	<p>March 2015 stated, "Privacy and Security- You have the right to: ... Confidentiality of written, verbal and electronic protected health information including your medical records, information about your health, social and financial circumstances or about what takes place in your home. ... State of Indiana Addendum: Sec. 3. (a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: ... (2) Maintain documentation showing it has complied with the requirements of this section. ... (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records."</p> <p>12. The agency's policy titled "Management of electronic Data," # B-435, reviewed March 2015 stated, "4. Physical Security. ... These procedures limit access to areas, which contain computer network equipment to those with a confirmed "need to know". ... 2. Data Security Policy. ... a. Scope. i. this policy applies to all data maintained</p>			

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	<p>or created by entities within the jurisdiction of GLC. This includes but is not limited to, data maintained within: 1. Branches supported by GLC information systems department. ... Basic Code of Computer Security Ethics 1. Every effort will be made to restrict access to data and facilities to those people with a need-to-know."</p> <p>13. The agency's undated policy titled "Responding to Complications of PICC Lines," # I-230 stated, "Measure and document the external length of the catheter with each dressing change."</p> <p>14. The agency's undated policy titled "PICC Line Dressing Change," # I-240 stated, "Documentation Guidelines 1. Document in the clinical record: ... d. Length of catheter visible at exit site. e. Any physician notification."</p> <p>15. The agency's policy titled "Care Plans," # C-660, reviewed March 2015 stated, "3. The Care Plan shall include, but not be limited to: a. Problems and needs identified related to diagnosis. ... c. A list of specific interventions with plans for implementation. ... 4. The physician Plan of Care may be used as a care plan if specific interventions are clearly identified for home care staff to address client care needs. ... State of</p>			

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	<p>Indiana Addendum: ... The nursing plan of care will contain: 1. A plan of care and appropriate patient identifying information, ... 5. Medications, diet, and acclivities."</p> <p>16. The agency's policy titled "Venipuncture for Blood Specimen Collection," # I-140, revised 7/30/14 stated, "Blood Draw from Central Venous Access Devices ... Procedure: 1. Review Physician order. 2. Use strict sterile technique."</p> <p>17. The agency's policy titled "Coordination of Client Services," # C-360, reviewed March 2015 stated, "3. After the initial assessment, the admitting Registered Nurse/Therapist shall communicate the findings of the initial visit with the Clinical Supervisor to ensure: a. Clarification of the plan of care orders. ... e. Need for other services and/or referral to community resources."</p> <p>18. The agency's policy titled "Encoding and Reporting OASIS Data," # B-250, reviewed March 2015 stated, "2. Data will reflect client status at time of assessment."</p> <p>19. The agency's policy titled "Comprehensive Client Assessment," #</p>			

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	<p>C-145, reviewed March 2015 stated, "16. Reassessments are conducted based on client needs, physician orders, professional judgment and/or OASIS or other regulatory requirement."</p> <p>20. The agency's policy titled "Client Recertification/Follow-Up/Resumption of Care," # C-155, reviewed March 2015 stated, "5. Each professional discipline will be responsible for reassigning care/services at least every fifty-six to sixty (56-60) days while the client is receiving skilled services."</p> <p>21. The agency's policy titled "Clinical Documentation," # C-680, reviewed March 2015 stated, "Purpose To ensure that there is an accurate record of the services provided, client response and ongoing need for care. To document conformance with the Plan of Care, modifications to the plan, and interdisciplinary involvement."</p> <p>22. The agency's policy titled "Clinical Record Confidentiality," # C-880, reviewed March 2015 stated, "1. Authorized users will be identified as: ... b. Staff members and contract staff providing and supervising client care."</p>			

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N 0614 Bldg. 00	<p>410 IAC 17-15-1(c) Clinical Records Rule 15 Sec. 1(c) Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern use and removal of records and conditions for release of information. Patient's written consent shall be required for release of information not authorized by law. Current service files shall be maintained at the parent or branch office from which the services are provided until the patient is discharged from service. Closed files may be stored away from the parent or branch office provided they can be returned to the office within seventy-two (72) hours. Closed files do not become current service files if the patient is readmitted to service.</p> <p>Based on record review and interview, the agency failed to ensure the confidentiality of medical records by allowing an acquired agency to provide services to 26 of 73 active patients listed on both the South Bend branch active patient list and the acquired agency's active patient list (# 16, 26, 27, 28, 29, 30, 31, 31, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 51), for 1 of 1 record reviewed chosen from the parent agency's Outcome Assessment and Information Set (OASIS) report (# 16); and failed to ensure an arrangement or agreement was in place for the corporate office in Michigan to submit OASIS data to the State agency for 1 of 1 agency.</p>	N 0614	<p>To ensure compliance with 410 IAC 17-15-1(c): Clinical Records the following interventions have been implemented: · As of November 6th 2015, a contractual arrangement was secured between the agency referred to as Great Lakes Caring CCN 157586 (agency) and the acquired agency of AC and Associates dba Great Lakes Caring (acquired agency) for the provision of Home Health Services such as PT, OT, SLP, SN, MSW and HHA. · As of November 6th 2015, a contractual arrangement was secured between the Great Lakes Caring Corporate office and the agency to submit OASIS data to the state. · As of December 3rd 2015-All agency South Bend branch patients were assigned to</p>	12/23/2015

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. During interview on 11/5/15 at 1:40 PM, the Administrator stated that some of the current South Bend patients were serviced by an agency in Warsaw that had been acquired by the Great Lakes Corporation. These patients were listed on the South Bend branch active patient list and also on the acquired agency's active patient list due to the acquired agency did not accept the insurance plans. The Administrator stated that the acquired agency had its own provider number. 2. During interview on 11/6/15 at 10:15 AM, the Administrator stated there was not a contract or an agreement for the acquired agency to provide services to the South Bend patients. The Administrator stated the acquired agency staff were Great Lakes employees. The Administrator stated when the corporation acquired the agency provider number, the South Bend branch provided coverage of the counties already serviced by the acquired agency. The Administrator stated the revenue for those particular patients would go to the South Bend branch. The Administrator stated both agencies allocate speech therapist between them, but the acquired 		<p>the correct South Bend RN Clinical Supervisor. · As of November 15th, 2015 – no new patients were accepted to service for the agency that would normally be admitted to the acquired agency's provider number. · As of 12/23/15 – All 'acquired agency's' patients were discharged from the agency. An audit will be performed by the administrator/designee of 100% of all new South Bend admissions with a SOC date on or after November 15th for a period of 8 weeks. After 8 weeks of 100% compliance, the audit will decrease to 10% quarterly and will be completed through the clinical record review process. (Exhibit 1)</p>	

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	<p>agency would not bill the patients. The Administrator stated the staff at the acquired agency did have access to the medical records of the patients they provide services for, even though the patients were also listed on the South Bend branch roster.</p> <p>A. The South Bend active roster was compared with the acquired agency's active list and cross referenced on 11/5 and 11/6/15. Patients listed on the South Bend active roster and also the acquired agency list included:</p> <p># 26, start of care date (SOC) 10/27/15</p> <p># 27, SOC 10/29/15</p> <p># 28, SOC 10/18/15</p> <p># 29, SOC 7/18/15</p> <p># 30, SOC 9/26/15</p> <p># 31, SOC 8/14/15</p> <p># 32, SOC 9/26/15</p> <p># 33, SOC 10/26/15</p> <p># 34, SOC 11/3/15</p> <p># 35, SOC 9/22/15</p> <p># 36, SOC 10/27/15</p> <p># 37, SOC 10/24/15</p> <p># 38, SOC 9/10/15</p> <p># 39, SOC 9/11/15</p> <p># 40, SOC 10/3/15</p> <p># 41, SOC 10/10/15</p> <p># 42, SOC 8/12/15</p> <p># 43, SOC 11/1/15</p>				

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	<p># 44, SOC 10/22/15 # 45, SOC 10/31/15 # 46, SOC 3/24/15 # 47, SOC 9/14/15 # 48, SOC 9/29/15 # 49, SOC 9/28/15 # 50, SOC 7/8/15, and # 51, SOC 9/26/15.</p> <p>B. During interview on 11/6/15 at 10:15 AM, the Administrator provided the South Bend only roster. The Administrator stated this roster was only the patients for whom South Bend provides care. This roster failed to evidence patients 26-51.</p> <p>3. During interview on 11/6/15 at 11:12 AM, the Administrator indicated the acquired agency had their own Administrator and Clinical Supervisor, but she was also the Alternate Administrator for the acquired agency.</p> <p>4. During interview on 11/6/15 at 11:30 AM, the Administrator stated since the staff at the acquired agency were all Great Lakes employees, there was not a violation of confidentiality of medical records. The Administrator stated the South Bend branch was approved for those counties before other provider number was acquired. The Administrator stated Great Lakes acquired the Warsaw</p>			

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	<p>agency's provider number in October, 2014.</p> <p>5. The clinical record for patient # 16 was reviewed on 11/9 and 11/16/15 and was chosen from the OASIS list for Deteriorating Wound Status and was listed as having had been a patient of the South Bend branch. Patient # 16 lived in the territory serviced by the acquired agency. The patient was discharged to hospice on 5/8/15.</p> <p>A. On 11/16/15 at 11:35 AM, the Administrator stated the acquired agency maintains the charts for all the patients they provided services for and patient # 16 was provided most services by the acquired agency.</p> <p>B. During interview on 11/16/15 at 12:05 PM, the Administrator stated patient # 16 is managed by the acquired agency, and the South Bend branch had no involvement in the care.</p> <p>C. The plan of care dated 3/23-5/21/15 with start of care date 3/23/15, contained orders for skilled nursing (SN) 1 time a week for 9 weeks and 3 as needed visits for pain, falls, respiratory/cardiac, diabetic, gastrointestinal/gastrourinary, and integumentary complications; Physical</p>			

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	<p>Therapy (PT) 1 time for 1 week then 2 times a week for 4 weeks; Occupational Therapy (OT) 1 time for 1 week then 2 times a week for 3 weeks then 1 time for 1 week; Medical Social Worker 1 time for 1 week then 1 visit every 2 weeks for 2 weeks; Home Health Aide (HHA) 2 times a week for 1 week then 3 times a week for 2 weeks.</p> <p>D. The record evidenced patient # 16 was provided SN services from the acquired agency on 3/23, 4/14, 5/1, and 5/5/15 by employee QQ; 3/30, 4/3, 4/7, 4/10, 4/13, 4/17, 4/21, 4/24, 5/6, and 5/8/15 by employee NN; and 4/28/15 by employee PP.</p> <p>E. The record evidenced patient # 16 was provided HHA services from the acquired agency on 3/25, 3/27, 3/30, 4/1, 4/6, 4/8, 4/10, 4/15, 4/17, 4/21, 4/24, 4/28, 5/5, and 5/8/15 by employee WW; and 5/1 by employee LL.</p> <p>F. The record evidenced patient # 16 was provided PT services from the acquired agency on 3/26/15 by employee SS; 4/1, 4/3, 4/6, 4/10, 4/13, 4/17, 4/20, and 5/1/15 by employee UU.</p> <p>G. The record evidenced patient # 16 was provided OT services from the acquired agency on 4/2 by employee CC.</p>			

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	<p>6. During interview on 11/13/15 at 12:40 PM, the Administrator stated the OASIS submissions are done by the nurses or clinicians, and the Corporate office in Michigan submits the data to the State agency.</p> <p>7. During interview on 11/16/15 at 10:30 AM, the Administrator stated the agency does not have and agreement or contract with corporate office to submit OASIS data to the State agency.</p> <p>8. The agency's policy titled "Encoding And Reporting OASIS Data," # B-250, reviewed March 2015 stated, "GLC will electronically report all OASIS data collect in accordance with federal regulations. GLC and agents acting on behalf of GLC will ensure confidentiality of all client specific information in the clinical record."</p> <p>9. The agency's policy titled "Minimum Necessary Disclosures of Protected Health Information," # C-385, reviewed March 2015 stated, "Routine and recurring disclosures of health information 1. GLC has identified disclosures of health information it makes on a routine and recurring basis that are not related to treatment. 2. GLC has determined the minimum amount of</p>			

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	<p>health information that is needed to achieve the purpose of these requests. ... Non-routine disclosures of health information ... 3. GLC relies on representations that the information requested is the minimum amount necessary if the request is from a public official, a health care provider, a health plan, a professional providing service to GLC as a business associate, or a researcher (who provides appropriate documentation). ... Disclosures of entire medical records GLC does not disclose an individual's entire medical record in fulfillment of any request not related to treatment for any reason unless a justification for such a disclosure is documented."</p> <p>10. The agency's policy titled "Clinical Record Confidentiality," # C-880, reviewed March 2015 stated, "1. Authorized users will be identified as: ... b. Staff members and contract staff providing and supervising client care."</p> <p>11. The agency's policy titled "Client/Family Rights & Responsibilities," # C-390, reviewed March 2015 stated, "Privacy and Security- You have the right to: ... Confidentiality of written, verbal and electronic protected health information including your medical records,</p>			

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	<p>information about your health, social and financial circumstances or about what takes place in your home. ... State of Indiana Addendum: Sec. 3. (a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: ... (2) Maintain documentation showing it has complied with the requirements of this section. ... (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records."</p> <p>12. The agency's policy titled "Management of electronic Data," # B-435, reviewed March 2015 stated, "4. Physical Security. ... These procedures limit access to areas, which contain computer network equipment to those with a confirmed "need to know". ... 2. Data Security Policy. ... a. Scope. i. this policy applies to all data maintained or created by entities within the jurisdiction of GLC. This includes but is not limited to, data maintained within: 1. Branches supported by GLC information systems department. ... Basic Code of</p>			

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	<p>Computer Security Ethics 1. Every effort will be made to restrict access to data and facilities to those people with a need-to-know."</p> <p>13. The agency's policy titled "Clinical Supervision," # C-300, reviewed March 2015 stated, "Policy Skilled nursing and other therapeutic services are provided under the supervision of a Registered Nurse. The Regional Director/Clinical Manager will be available to provide ongoing supervision during the operating hours of GLC. Under no circumstances will the administrative or supervisory responsibilities be delegated to another organization. Purpose To meet the requirement of state/federal guidelines and provide supervision and direction to all staff delivering home health care services. To assure employee performance is appropriately supervised, that care is directed toward the achievement of goals, and that services are provided based on client need and in accordance with the physician's Plan of Care. ... Special Instructions 1. The Regional Director/Clinical Manager shall be responsible for the quality of care provided and supervision of all staff providing therapeutic services, including contract staff. He/she will also be responsible for organizing and directing GLC's ongoing functions. 2. The</p>			

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	Regional Director/Clinical Manager shall coordinate the day-to-day operation of the organization and work with the Administrator. 3. The Clinical Supervisor will participate with the Regional Director/Clinical Manager in all activities relevant to the professional services furnished. This includes the development of qualification and the assignment of personnel."			