

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K033	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2015
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NAME OF PROVIDER OR SUPPLIER ANOINTED TOUCH HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2021 E 52ND ST STE 100 A-E INDIANAPOLIS, IN 46205
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G 000 Bldg. 00	<p>This visit was for a federal home health agency complaint investigation. This was an extended survey on 4-10-2015.</p> <p>Fully extended survey dates were 4-10, 4-13, 4-14, 4-14 and 4-16-15.</p> <p>Survey dates were: 4-9, 4-10, 4-13, 4-14, 4-15, and 4-16-15.</p> <p>Complaint #: IN00153329 - Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies are also cited.</p> <p>Facility #: 011457</p> <p>Medicaid Vendor: 200891860</p> <p>Census: 27 Unduplicated skilled admissions last 12 months</p> <p>Current Census: 20 Skilled patients 24 Home Health Aide only patients 44 Total</p> <p>Anointed Touch Home Health is</p>	G 000		

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 100 Bldg. 00	precluded from providing a home health aide training and competency evaluation program for a period of 2 years beginning 4-16-2015 to 4-16-17 for being found out of compliance with the Conditions of Participation 42 CFR 484.10 Patients Rights; 42 CFR 484.14 Organization, Services, and Administration; 42 CFR 484.16 Group of Professional Personnel; 42 CFR 484.36 Home Health Aide Seervices, and 42 CFR 484.52 Evaluation of the Agency's Program. QR: JE 4/28/15 Based on policy review, complaint log review, clinical record review, and interview, it was determined the agency	G 100	G100 This condition will be addressed in G107 and G110	05/16/2015

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G 107	<p>failed to document the existence and resolution of a complaint for 1 of 2 closed records reviewed) (see G 107) and failed to ensure patients were provided the current Advanced Directives, including a description of applicable state law, in 10 of 10 records reviewed (See G 110).</p> <p>The cumulative effect of these systemic problems resulted in the agency being found out of compliance with the Condition of Participation 42 CFR 484.10 Patient Rights.</p>			

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Bldg. 00	<p>EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on policy review, complaint log review, clinical record review, and interview, the agency failed to document the existence and resolution of a complaint for 1 of 2 closed records reviewed (2).</p> <p>Findings include:</p> <p>1. Agency policy "Grievance Procedure", unknown date of last review/revision, states, "The client / family /legal representative has the right to voice grievances regarding treatment or care (or changes in treatment or care) that is (or fails to be) furnished ... the home care agency shall investigate such complaints and shall document both the existence of the complaint and the resolution of the complaint ... The complaint shall be documented on the Client Grievance/Complaint Form ... The Client/Responsible party will be informed of the progress of the</p>	G 107	G107 The Administrator has inserviced the entire administrative agency staff of the importance of following our agency policy "Grievance Procedure", "The client / family /legal representative has the right to voice grievances regarding treatment or care (or changes in treatment or care) that is (or fails to be) furnished ... the home care agency shall investigate such complaints and shall document both the existence of the complaint and the resolution of the complaint ... The complaint shall be documented on the Client Grievance/Complaint Form ... The Client/Responsible party will be informed of the progress of the investigation and proposed action plan ... The Client or person making the complaint will be informed of resolution as soon as possible after actions have been taken." All staff received the agency complaint form and were instructed on the proper use of the form. The Administrator made a new 2015 complaint form book.	04/24/2015			

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	<p>investigation and proposed action plan ... The Client or person making the complaint will be informed of resolution as soon as possible after actions have been taken."</p> <p>2. Agency complaint log failed to evidence documentation of the existence of and resolution of a complaint by family member of patient # 2 alleging poor care by agency staff, received per telephone call by Employee B, nursing supervisor, on 7-16-14.</p> <p>3. Clinical record (CR) 2, start of care 12-19-11, contained clinical note dated 7-16-14, signed by nursing supervisor, Employee B, that documented contact with case manager regarding complaint made by patient's "granddaughter."</p> <p>4. On 4-10-15 at 3:00 PM, Employee A, administrator, and Employee B, nursing supervisor, indicated the agency failed to document in the clinical record, complaint log, or in any other agency documentation, the existence of and investigation of the complaint received from family member of patient #2. No further documentation was provided prior to exit.</p>		<p>The complaint forms will be filed in alphabetical order in the book. Any and all supporting documents if any will be filed along with the complaint form. All staff will now use the agency complaint form in a uniform fashion. The Administrator and the Director of Nursing also attended the IAHHC annual conference to get a review on compliance issues. 2 The deficiency will be prevented from recurring by all complaint forms being reviewed by the Administrator or Director of Nursing for accuracy and completeness. The existence of the complaint and the resolution will be documented. The client or person making the complaint will be notified of the resolution as soon as possible after actions have been taken. All complaints will be reviewed monthly. 3 The Administrator and the Director of Nursing will be responsible for monitoring these corrective actions and maintaining compliance. 4 The deficiency will be corrected by 05/15/2015</p>		

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G 110 Bldg. 00	<p>484.10(c)(2)(ii) RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives.</p> <p>The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on document review, policy review, clinical record review, and interview, the agency failed to ensure patients were provided the current Indiana Advance Directives, including a description of applicable state law, in 10 of 10 records reviewed (1 - 10).</p> <p>Findings include:</p> <p>1. The admission package the administrator provided as a sample of the information provided to patients at start of care failed to include the state of Indiana Advanced Directives revised July 1, 2013. The admission packet contained</p>	G 110	G 0110 The Administrator has inserviced the nursing staff on the importance of following our agency policy "Advanced Directive Policy", which states, "This home care agency shall inform and distribute written information to the client/legal representative, in advance, concerning its policies on advance directives, including a description of applicable State Law." It was brought to my attention that all current patients have received the new advanced directives. The admission packet that was given to the surveyor was an old admission packet. However, all patients prior to the new advanced directives, had not	05/16/2015

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	<p>a copy of state of Indiana Advance Directive brochure from May 2004.</p> <p>2. Agency policy "Advanced Directive Policy", unknown date of last review/revision, states, "This home care agency shall inform and distribute written information to the client/legal representative, in advance, concerning its policies on advance directives, including a description of applicable State Law."</p> <p>3. Clinical record (CR) 1, start of care (SOC) 7-29-13, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>4. CR 2, SOC 3-19-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p>		<p>received new ones. All patients with admission dates prior to the revision date will be given updated advance directives, evidence of which will be in the patient file by way of acknowledgement form signed by client or representative. A current advanced directive will be put in our sample admission packet. 2 To ensure that the deficiency will not recur, during clinical audits, a new line item to check for revisions of admissions criteria will be added to the audit form. Ten percent of clinical chart audits will done monthly for evidence of updated advanced directive and admission information. Also quarterly to audit our sample admission packet. 3 The Director of Nursing will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and compliance is maintained. 4 The date of completion will be by 05/16/2015.</p>		

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	<p>5. CR 3, SOC 10-2-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>6. CR 4, SOC 12-22-09, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>7. CR 5, SOC 11-12-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>8. CR 6, SOC 8-30-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and</p>			

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	<p>failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>9. CR 7, SOC 8-16-10, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>10. CR 8, SOC 9-22-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>11. CR 9, SOC 6-21-13, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in</p>			

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	<p>the 7-1-13 Indiana Advanced Directives brochure.</p> <p>12. CR 10, SOC 10-25-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>13. On 4-9-15 at 1:30 PM, administrator, Employee A, indicated the agency had not notified patient/patients' representatives on service in July 2013, orally and in writing, of the current description of Indiana Advance Directive law following the revision of Indiana Advance Directive law effective July 1, 2013. She indicated the agency had not notified, orally and in writing, patients with starts of care after July 2013, of the current description of Indiana Advance Directive law. She indicated all the clinical records would fail to evidence notification of patients' rights described in the 7-1-13 Indiana Advance Directives brochure.</p>			

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G 122 Bldg. 00	<p>484.14 ORGANIZATION, SERVICES & ADMINISTRATION</p> <p>Based on</p> <p>Based on policy review, clinical record review, and interview, it was determined the agency failed to ensure agency staff documented the date of referral for 2 of 10 clinical records reviewd (See G 133); failed to ensure staff notified the attending physician of patient transfer to acute care hospital for 1 of 4 patients who were transferred during the certification period reviewed (See G 143); and failed to ensure coordination of services between agency and outside agency providing services was documented in the clinical record or case conference notes for 1 of 1 patients receiving services from an outside agency (See G144).</p>	G 122	G 0122 This deficiency will be corrected according to G133,G143, & G144	05/16/2015

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G 133 Bldg. 00	<p>The cumulative effect of these systemic problems resulted in the agency's inability to provide safe care and meet the requirements of the Condition of Participation 484.14: Organization, services, and administration.</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, 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 clinical record review and interview, the administrator failed to ensure agency staff documented the date of referral for home health services for 2</p>	G 133	G133 The Administrator has inserviced all agency staff on the importance of ensuring agency staff document the date of referral for home health services. All clinical records were reviewed, and any missing referral dates	05/16/2015

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	<p>of 10 clinical records reviewed (3, 10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record 3, start of care 10-2-14, contained an intake form which failed to evidence the date of the referral for home health services. Clinical record 10, start of care 10-25-14, contained an intake form which failed to evidence the date of the referral for home health services. On 4-10-15 at 4:00 PM, the administrator, Employee A, indicated agency procedure requires staff to record referral date on the intake form for use in agency activity reports and other agency purposes. She indicated clinical record 3 and 10 referral forms were not dated by staff during intake. 		<p>were corrected/clarified by nursing staff . 2. All new clinical records will be audited to ensure referral dates are being entered on each new admission. 3. The Director of Nursing will be responsible for ensuring these corrective actions are taken and that compliance is maintained. 4. This will be completed by 05/16/2015.</p>		

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G 143 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.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to notify the attending physician of patient transfer to acute care hospital for 1 of 4 patients whose clinical records were reviewed and were transferred during the certification period (5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Coordination of Services", unknown date of last review/revision, states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care ... The means of communication and the results shall be documented in the clinical record or care conferences ... " Clinical record 5, start of care 	G 143	G0143 The Administrator inserviced the agency nursing staff of the importance of following the agency policy on Coordination of Services, which, states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care .The means of communication and the results shall be documented in the clinical record or care conferences. All Charts will be audited and clients that had hospital admissions will be reviewed to ensure that notification was sent to the MD. If any were missed late entries will be done as appropriate. 2. To prevent the deficiency from recurring, the nursing staff will now fax a copy of the discharge to a facility form to the attending physician and keep a copy of the fax confirmation. This method of notification will begin on 05/11/2015. Ten percent of clinical records will be audited	04/17/2015

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G 144 Bldg. 00	<p>11-12-14, contained a plan of care for the certification period 3-17 to 5-15-15. The record evidenced, on 3-19-15, patient was transferred to an acute care hospital. The clinical record failed to evidence the attending physician had been notified of the transfer.</p> <p>3. On 4-16-15 at 2:30 PM, the administrator, Employee A, and nursing supervisor, Employee B, indicated clinical record 5 failed to evidence notification of the attending physician when agency became aware patient had been admitted as an in-patient on 3-19-15, and this should have been done.</p> <p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure agency staff documented coordination of care activities for 1 of 1 clinical records reviewed of patients</p>	G 144	<p>quarterly for evidence of compliance. 3. The Director of Nursing will be responsible for monitoring these corrective actions to preventing the deficiency from recurring. 4. This will be corrected by 05/17/15.</p> <p>G 0144 The Administrator has inserviced the nursing staff on the importance of following our agency policy Coordination of Services which states. "All personnel providing services shall maintain effective communication to assure that their efforts</p>	05/16/2015

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NAME OF PROVIDER OR SUPPLIER ANOINTED TOUCH HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2021 E 52ND ST STE 100 A-E INDIANAPOLIS, IN 46205
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	<p>receiving care from the agency and another agency (1). Findings include:</p> <ol style="list-style-type: none"> Agency policy "Coordination of Services", unknown date of last review/revision, states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care ... The means of communication and the results shall be documented in the clinical record or care conferences ... Clinical record 1, start of care 7-29-13, contained a plan of care for the certification period 1-20 to 3-20-15, with orders for skilled nursing (SN) and home health aide (HHA) services from the agency. Another agency provided attendant care services. Case conferences and the clinical record failed to evidence effective ongoing communication documenting efforts of the two agencies were coordinated to complement each other and support the objectives of the client's care. On 4-10-14 at 2:30 PM, administrator, Employee A, and nursing supervisor, Employee B, indicated the SN spoke to 		<p>appropriately complement one another and support the objectives of the clients care ... The means of communication and the results shall be documented in the clinical record or care conferences . Although our agency communicates weekly sometimes with our other agency providers, the communication must be documented. It is stressed no matter how busy we are, we must document our communication in the clinical record or case conference notes.</p> <ol style="list-style-type: none"> To prevent this deficiency from recurring ten percent of client records and case conferences will be audited monthly for evidence that effective communication is being documented. The Director of Nursing and the Administrator shall be responsible for correcting the deficiency and monitoring compliance. Date of correction by 05/16/15. 	

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G 151 Bldg. 00	<p>the other personal services agency weekly but had failed to document the conversations in the clinical record or case conference notes.</p> <p>484.16 GROUP OF PROFESSIONAL PERSONNEL</p> <p>Based on document review, policy review, and interview, it was determined the agency failed to ensure the professional advisory group meeting included a physical therapist, (See See G 152); failed to ensure a physical therapist participated in the review of agency policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation (See G153); failed to ensure the documentation of advice and participation of a physical therapist in the agency meeting minutes in evaluating the agency's program and in assisting the agency in maintaining liaison with other health care providers in the community (See G 154), and failed to ensure the documentation of the meeting minutes evidenced advice and interaction of a physical therapist. (See G 155).</p> <p>The cumulative effect of these systemic</p>	G 151	G0151 See G0152, G0153, G0154 & G0155 for corrective action.	05/16/2015

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G 152 Bldg. 00	<p>problems resulted in the agency being out of compliance with the Condition of Participation 484.16: Group of Professional Personnel.</p> <p>484.16 GROUP OF PROFESSIONAL PERSONNEL A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines.</p> <p>Based on administrative record review, clinical record review, observation, policy review, and interview, the agency failed to ensure the regular meeting of the group of professional personnel in 2015 included representation of a physical</p>	G 152	G 0152 The Administrator sought additional clarification 484.14 on the Group of Professional Personnel which states a group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate	05/16/2015

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	<p>therapist for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Indiana State Department of Health document Home Health Agency Report indicates the agency furnishes physical therapy services. 2. Clinical record 7, start of care 8-16-10, active on agency services, contains a plan of care for the certification period 3-23 to 5-5-21-15 with orders for physical therapy services. During home visit on 4-15-15 at 11:00 AM, physical therapist, Employee I, was observed providing physical therapy services. 3. The agency's administrative records included "Minutes of the Professional Advisory Board Meeting" dated 1-19-15. The minutes failed to evidence a physical therapist professional was in attendance at the meeting. 4. Agency policy "Professional Advisory Committee", unknown date of last review/revision, states, "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the 		<p>representatives from other professional disciplines The Administrator spoke with a member of IAHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate. Could fine no regulation to know what was to be done in someones absence. This has never happened before. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input. He also had the meeting minutes and appropriate documents for the meeting faxed to him the night before giving him time to review them. 2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. 3. The Administrator will be responsible for monitoring these corrective actions and compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p>	

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G 153 Bldg. 00	<p>agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. "</p> <p>5. On 4-25-25 at 1:30 PM, the administrator, Employee A, indicated the agency provides physical therapy services. She indicated Employee I was not in attendance at the 1-9-15 agency Professional Advisory Committee meeting and he should have been present per agency policy.</p> <p>484.16 GROUP OF PROFESSIONAL PERSONNEL The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program</p>			

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	<p>evaluation. At least one member of the group is neither an owner nor an employee of the agency.</p> <p>Based on administrative record review, clinical record review, observation, policy review, and interview, the agency failed to ensure a physical therapist participated in the regular meeting of the group of professional personnel in 2015 to include review of agency policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Indiana State Department of Health document Home Health Agency Report indicates the agency furnishes physical therapy services. 2. Clinical record 7, start of care 8-16-10, active on agency services, contains a plan of care for the certification period 3-23 to 5-5-21-15 including orders for physical therapy services. During home visit on 4-15-15 at 11:00 AM, physical therapist, Employee I 	G 153	G 0153 The Administrator sought additional clarification 484.14 on the Group of Professional Personnel which states a group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representatives from other professional disciplines The Administrator spoke with a member of IAHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input. He also had the meeting minutes and appropriate documents for the meeting faxed to him the night before the meeting for review. The Administrator has scheduled another Advisory Board meeting by May 16, 2015 If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. 2. The deficiency will be prevented from recurring by	05/16/2015			

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	<p>, was observed providing physical therapy.</p> <p>3. The agency's administrative records included "Minutes of the Professional Advisory Board Meeting" dated 1-19-15. The minutes failed to evidence a physical therapist professional was in attendance at the meeting.</p> <p>4. Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. "</p> <p>5. On 4-25-25 at 1:30 PM, the administrator, Employee A, indicated the agency's scope of service includes physical therapy. She indicated</p>		<p>having a representative present from each professional discipline present, either in person or by conference call or skpe. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. This will be done annually. 3. The Administrator will be responsible for monitoring this corrective action and for compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p>	

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G 154 Bldg. 00	<p>Employee I was not in attendance at the 1-9-15 agency Professional Advisory Committee meeting and he should have been present per agency policy to provide professional advise representing physical therapy services.</p> <p>484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.</p> <p>Based on administrative record review, clinical record review, observation, policy review, and interview, the agency failed to ensure the regular meeting of the group of professional personnel in 2015 included representation of a physical therapist for 1 of 1 agency.</p> <p>Findings include: 1. Indiana State Department of Health</p>	G 154	G 0154 The Administrator sought additional clarification 484.14 on the Group of Professional Personnel which states a group of professional personnel includes at least one physician and one registered nurse	05/16/2015

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	<p>document Home Health Agency Report indicates the agency furnishes physical therapy services.</p> <p>2. Clinical record 7, start of care 8-16-10, active on agency services, contains a plan of care for the certification period 3-23 to 5-5-21-15 including orders for physical therapy services. During home visit on 4-15-15 at 11:00 AM, physical therapist, Employee I , was observed providing physical therapy.</p> <p>3. The agency's administrative records included "Minutes of the Professional Advisory Board Meeting" dated 1-19-15. The minutes failed to evidence a physical therapist professional was in attendance at the meeting.</p> <p>4. Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee</p>		<p>(preferably a public health nurse), and appropriate representatives from other professional disciplines The Administrator spoke with a member of IAHHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input. He also had the meeting minutes and appropriate documents for the meeting faxed to him the</p>	

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	<p>shall include appropriate representation of health care professionals. "</p> <p>5. On 4-25-25 at 1:30 PM, the administrator, Employee A, indicated the agency provides physical therapy services. She indicated the agency holds its group of professional personnel each year in the beginning of January. She indicated Employee I did not attend the 1-9-15 agency Professional Advisory Committee meeting and he should have been present per agency policy to advise the agency on professional physical therapy issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.</p>		<p>night before the meeting for review. The Administrator has scheduled another Advisory Board meeting by May 16, 2015 If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. All future meetings will have all disciplines in place to participate in the evaluation of the agency's program.2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate</p>	

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G 155 Bldg. 00	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel's meetings are documented by dated minutes.</p> <p>Based on administrative record review, clinical record review, observation, policy review, and interview, the agency failed to ensure the regular meeting of the group of professional personnel in 2015 included representation of a physical therapist for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Indiana State Department of Health document Home Health Agency Report indicates the agency furnishes physical therapy services. 2. Clinical record 7, start of care 8-16-10, active on agency services, 	G 155	<p>representation. This will be done annually. 3. The Administrator will be responsible for monitoring this corrective action and for compliance being maintained.4. The deficiency will be corrected by 05/16/2015.</p> <p>G 0155 The Administrator sought additional clarification 484.14 on the Group of Professional Personnel which states a group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representatives from other professional disciplines The Administrator spoke with a member of IAHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present</p>	05/16/2015

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	<p>contains a plan of care for the certification period 3-23 to 5-5-21-15 including orders for physical therapy services. During home visit on 4-15-15 at 11:00 AM, physical therapist, Employee I , was observed providing physical therapy.</p> <p>3. The agency's administrative records included "Minutes of the Professional Advisory Board Meeting" dated 1-19-15. The minutes failed to evidence a physical therapist professional was in attendance at the meeting.</p> <p>4. Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison wit other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. "</p> <p>5. On 4-25-25 at 1:30 PM, the administrator, Employee A, indicated the</p>		<p>that this was appropriate. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input. He also had the meeting minutes and appropriate documents for the meeting faxed to him the night before for review. The Administrator has scheduled another Advisory Board meeting by May 16, 2015 If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. The meeting minutes will evidence the participation of all representatives in the future. 2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. The meeting minutes will reflect the participation of all group professionals. This will be done annually. 3. The Administrator will be responsible for the deficiency being corrected and compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p>		

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G 158 Bldg. 00	<p>agency's scope of service includes physical therapy. She indicated the agency holds its group of professional personnel meeting each year in the beginning of January. She indicated Employee I did not attend the 1-9-15 agency Professional Advisory Committee meeting. She indicated the 1-9-15 meeting did not meet the requirements of agency policy and was not adequate to perform the functions of the professional advisory group.</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on policy review, review of clinical records, and interview, the agency failed to ensure visits and treatments were made as ordered on the plan of care (POC) for 2 of 10 clinical records reviewed (#6 and 10).</p> <p>Findings include:</p> <p>1. Agency policy "Plan of Care",</p>	G 158	G 0158 The Administrator inserviced the nursing staff on the importance of following agency policy "Plan of Care", which states, "Home care services are furnished under the supervision and direction of the clients physician ... The plan will be consistently reviewed to ensure that client needs are met. If fewer visits are provided than ordered, the physician is notified, and either a verbal/telephone order for a missed visit is obtained or	05/16/2015

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	<p>unknown date of last review/revision, states, "Home care services are furnished under the supervision and direction of the clients physician ... The plan will be consistently reviewed to ensure that client needs are met ... If fewer visits are provided than ordered, the physician is notified, and either a verbal/telephone order for a MISSED VISIT is obtained or documentation of physician's notification is incorporated into the clinical record ... Care, treatments, procedures, tests, and services shall be administered by appropriate home care staff only as ordered by a physician."</p> <p>2. Clinical record 6, start of care 8-30-14, contained a plan of care for the certification period 2-26- to 4-26-15 with orders for skilled nursing services. Skilled nursing visit notes evidenced blood sugar test results from glucometer tests daily. The clinical record failed to evidence an order for daily blood sugar testing.</p> <p>2. Clinical record 10, start of care 10-25-14, contained a plan of care for certification period 2-22 to 4-22-15 that included orders for home health aide (HHA) services 9 hours day, 5 days a week. The clinical record evidenced HHA visit of 10 hours on 2-24 and 2-27-15, of 9 hours on 4-2-15, of 8.5</p>		<p>documentation of physician's notification is incorporated into the clinical record .Care, treatments, procedures, tests, and services shall be administered by appropriate home care staff only as ordered by a physician." All clinical records will be review for accuracy in following the plan of care. Orders have been obtained to correct clinical record 6. Orders will be clarified for frequency when schedules change during the certification period causing a need for a revision of orders. We have caregivers that change schedules as often as every two weeks. We will monitor these plans of care as often as needed for any clarifications needed. 2. Ten percent of clinical records will be audited monthly for accuracy in following the plan of care. Any services that we know change frequently due to caregivers schedule will be monitored accordingly even if every two weeks. 3. The Director of Nursing will be responsible for monitoring these corrective actions to compliance is maintained. 4. Deficiencies will be corrected by 05/16/15.</p>	

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G 159 Bldg. 00	<p>hours on 3-2, 3-3, 3-5, 3-7, and 3-20, and 8 hours on 3-30 and 4-4-15.</p> <p>3. On 4-16-15 at 3:00 PM, the administrator indicated HHA services were not provided as ordered on the plan of care.</p> <p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care (POC) included a frequency of visits for home health aide services (HHA) for 1 of 9 (5) clinical records reviewed of patients receiving home health aide services and failed to ensure measurable goals were established for 1 of 10 clinical records reviewed (6).</p>	G 159	G 0159 The Administrator inserviced the agency staff on the importance of following our agency policy "Care Plans", which, states, The Care Plan shall include, but not limited to: reasonable, measurable, and realistic goals as determined by the assessment and client expectations. Also that the type, frequency, and duration are correct. All clinical records will be	05/16/2015

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	<p>Finding include:</p> <ol style="list-style-type: none"> Agency policy "Care Plans", unknown date of last review/revision, states, "The Care Plan ... shall include, but not limited to: ... reasonable, measurable, and realistic goals as determined by the assessment and client expectations ... " Agency policy "Plan of Care", unknown date of last review/revision, states. "The Care Plan shall be completed to include: ... Type, frequency, and duration of all visits/services." Clinical record 5, start of care (SOC) 11-12-14, contained a plan of care for the certification period 3-17 to 5-15-15 with orders for HHA services "8.5 hours a day for 5 hours a day plus travel time, a total of 45 hours per week." The clinical record failed to evidence a clarification of the order for frequency of visits per week of HHA visits. Clinical record 6, SOC 11-12-14, contained a plan of care for the certification period 2-26 to 4-26-15 with orders for skilled nursing. The clinical record evidenced goals of " ... client will remain clean and secure, that all needs are anticipated and met. It is not expected that client's condition will 		<p>reviewed for accuracy in following the plan of care. Goals have been changed to correct clinical record 6. Orders will be clarified for frequency when schedules change during the certification period causing a need for a revision of orders. We have caregivers that change schedules as often as every two weeks. We will monitor these plans of care as often as needed for any clarifications needed. Clinical record 5 has been clarified. 2. Ten percent of clinical records will be audited monthly for accuracy in following the plan of care. Any services that we know change frequently due to caregivers schedule will be monitored accordingly even if every two weeks. Goals for all skilled nursing cases will be reviewed to develop measurable goals. Then ten percent of clinical records will be audited after all current clarifications have been done. 3. The Director of Nursing will be responsible for monitoring these corrective actions and maintaining compliance. 4. Deficiencies will be corrected by 05/16/15.</p>		

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G 202 Bldg. 00	<p>improve but it may worsen."</p> <p>5. On 4-16-15 at 2:30 PM, the administrator, Employee A, and nursing supervisor, Employee B, indicated the travel time for clinical record 5 is about 30 minutes, the POC order is confusing and incomplete, and should have been clarified. For clinical record 6, the skilled nurse failed to develop measurable goals for nursing services.</p> <p>484.36 HOME HEALTH AIDE SERVICES</p> <p>Based on policy review, clinical record review, and interview, it was determined the agency failed to ensure home health aides (HHAs) received at least 12 hours of continuing education per year for 12 of 17 HHAs files reviewed of aides employed at least 12 months(See G 215); failed to ensure the registered nurse updated the HHA care plan at least every 60 days for 1 of 9 clinical records receiving HHA services reviewed (See G 224); and failed to ensure HHAs were</p>	G 202	G 0202 See G 0215, G 0224, & G 0225	05/16/2015

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G 215 Bldg. 00	<p>assigned and performed only services within the HHA scope of practice for 1 of 9 clinical records receiving home health aide services reviewed (See G 225).</p> <p>The cumulative effect of these systemic problems resulted in the agency being unable to provide safe home health aide services as required by the Condition of Participation 484.36 Home Health Aide Services.</p> <p>484.36(b)(2)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAI The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient.</p> <p>Based policy review, review of agency documents, and interview, the agency failed to ensure 12 of 17 home health aide (HHA) files reviewed (M, N, O, P, Q, R, S, T, U, V, W) of aides hired prior to 1-1-14 had completed the required number of in-services.</p> <p>Findings include:</p> <p>1. Agency policy "Home Health Aide Competency Evaluation, Registration,</p>	G 215	G 0215 The Administrator inserviced the nursing staff on the importance of following our agency policy that states "Home Health Aide Competency Evaluation, Registration, Training, and Continuing Education", "Home Health Aides must receive continuing education (in-service training). Such continuing education shall total at least twelve (12) hours per calendar year from January 1 through December 31, inclusive)." All current employees will have inservices completed for five	05/16/2015

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	<p>Training, and Continuing Education", unknown date last review/revision, states, "Home Health Aides must receive continuing education (in-service training). Such continuing education shall total at least twelve (12) hours per calendar year from January 1 through December 31, inclusive)."</p> <p>2. Agency document "Employee In Service List", provided by the administrator, printed from computer records on 4-14-15 at 2:00 PM, included the continuing education records for HHAs for 2014 and 2015.</p> <p>A. Employee L, date of hire (DOH) 2-5-11, had 9 hours of continuing education on the "Employee In Service List."</p> <p>B. Employee M, DOH 6-27-13, had 11 hours of continuing education on the "Employee In Service List."</p> <p>C. Employee N, DOH 1-24-11, had 11 hours of continuing education on the "Employee In Service List."</p> <p>D. Employee O, DOH 6-14-12, had 4 hours of continuing education on the "Employee In Service List."</p> <p>E. Employee P, DOH 6-3-11, had 11</p>		<p>months by month end in May. Employees on medical leave, will be required to have them made up when they return to work. All 12 hours of inservices for all employees will be completed by December 31, 2015. 2. Our contract nurse will give the Director of Nursing a list monthly of employees who have completed inservices. Current employees who missed inservice for the month will have a two week written notice to get the monthly inservice done. This will not change our above policy only the requirement for getting them done timely. 3. The Director of Nursing will be responsible for ensuring the deficiency is corrected and compliance maintained. 4. This will be completed by 05/16/15.</p>	

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	<p>hours of continuing education on the "Employee In Service List."</p> <p>F. Employee Q, DOH 6-19-12, had 4 hours of continuing education on the "Employee In Service List."</p> <p>G. Employee R, DOH)4-18-13, had 11 hours of continuing education on the "Employee In Service List."</p> <p>H. Employee S, DOH 7-1-11, had 10 hours of continuing education on the "Employee In Service List."</p> <p>I. Employee T, DOH 8-21-13, had 9 hours of continuing education on the "Employee In Service List."</p> <p>J. Employee U, DOH 2-17-13, had 0 hours of continuing education on the "Employee In Service List."</p> <p>K. Employee V, DOH 8-13-10, had 11 hours of continuing education on the "Employee In Service List."</p> <p>L. Employee W, DOH 2-6-12, had 11 hours of continuing education on the "Employee In Service List."</p> <p>3. On 4-14-15 at 2:30 PM, Employee B, nursing supervisor, reviewed the continuing education report, indicated it</p>			

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G 224 Bldg. 00	<p>was current, and included all continuing education the HHAs had completed in 2014. Employee B indicated HHAs with fewer than 12 hours of continuing education in 2014 had not complied with agency policy.</p> <p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>Based on agency policy review, clinical record review, and interview, the agency failed to ensure the home health aide plan of care was updated at least every 60 days as required by agency policy in 1 of 9 clinical records reviewed of patients receiving home health aide services (5)</p> <p>Findings include:</p> <p>1. Agency policy "Home Health Aide Plan", unknown date of last</p>	G 224	G 0224 The Administrator inservice the nursing staff on the importance of following our agency policy which states "Home Health Aide Plan", The Home Health Aide Care Plan shall be reviewed and updated by the Registered Nurse, as often as necessary, but minimally every 60 days . " Clinical record five had an incorrect date and has been corrected. 2. All clinical records will be audited for accuracy on the above policy. Ten percent of clinical records will be audited monthly for evidence that Home	05/16/2015

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G 225 Bldg. 00	<p>review/revision, states, "The Home Health Aide Care Plan shall be reviewed and updated by the Registered Nurse, as often as necessary, but minimally every 60 days ... "</p> <p>2. Clinical record 5, start of care 11-12-14, contained a physician's plan of care for certification period 3-17 to 5-15-15. The record evidenced an aide care plan review/update by the registered nurse on 1-5-15 and 3-16-15, more than 60 days.</p> <p>3. On 4-16-15 at 2:30 PM, Employee A, administrator, indicated the aide care plan should have been reviewed by the registered nurse no later than 3-15-15.</p> <p>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 care and that the aide is permitted to perform under state law.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the Home Health Aide (HHA) provided only services within the HHA scope of practice for 1 of 9 clinical records reviewed receiving HHA services (1).</p>	G 225	<p>Health Aide Care Plans are correctly reviewed every 60 days. 3. The Director of Nursing will be responsible for correcting the deficiency and maintaining compliance. 4. This will be corrected by 05/16/15.</p> <p>G 0225 The Administrator inserviced the nursing staff on the importance of following the agency policy which states "Home Health Aide Assignment", the purpose it to "provide direction and supervision of a client's care provided by Home Health Aides." The instruction was given that home</p>	05/16/2015

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Agency policy "Home Health Aide Assignment", unknown date of last review/revision, states the purpose it to "provide direction and supervision of a client's care provided by Home Health Aides." 2. Clinical record 1, start of care 7-29-13, contained a plan of care for the certification period 1-20 to 3-20-15 with orders for skilled nursing visits 2 hours per day 3 days a week and HHA services 6 hours a day 7 days a week. The medication orders included "Exelon 4.6 mg [milligram] /24 hours, 1 patch topically every 24 hours." HHA care plan evidenced the aide was to "Apply Exelon patch daily after removing the old patch." HHA visit notes during the certification period evidenced medication reminder had been completed each day. 3. On 4-10-15 at 3:30 PM, Employee J, the registered nurse, case manager of patient in clinical record 1, indicated she goes to the home 3 times a week for wound care and other duties and had assigned the HHAs to change the Exelon patch daily and document this activity as a medication reminder. Administrator 		<p>health aides must only provide services within the home health aides scope of practice. Absolutely no medications may be administered by a home health aide, medication reminders only. The aide care plan has been revised and the home health aides were immediately notified and given new plans of care. The agency has obtained an order for a skilled nurse to perform this task seven days a week and approved by Medicaid. 2. All home health aide care plans will be reviewed initially and ten percent monthly thereafter for compliance. 3. The Director of Nursing was responsible for monitoring the corrective action and will monitor to ensure compliance. 4. The date of completion for all audits by 05/16/15.</p>	

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G 242 Bldg. 00	<p>and nursing supervisor indicated they were not aware the HHAs had been administering medication without the patient's participation or assistance and this is not in accordance with HHA scope of practice.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM Condition</p> <p>Based on agency document Annual Agency Evaluation review, policy review, and interview, it was determined the agency failed to include a physical therapist's participation in the agency program evaluation (G 243); failed to ensure a complete evaluation had been conducted to include participation and advise from a therapy representative (See G 244); failed to ensure the annual evaluation was performed that included participation and advise from a therapist which assessed the extent to which the agency's program was appropriate, adequate, effective and efficient</p>	G 242	G 0242 The condition will be corrected by seeing G 0243, G 0244, G & G 0245, & G 0246	05/16/2015

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G 243 Bldg. 00	<p>including the provision of therapy services (See G 245); and failed to ensure a complete agency evaluation had occurred to report to those responsible for the operation of the agency/ and failed to ensure complete results were obtained in the evaluation (See G 246) for 1 of 1 agency.</p> <p>The cumulative effect of these systemic problems resulted in the agency being out of compliance with the Condition of Participation 484.52: Evaluation of the Agency's Program.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM The HHA has written policies requiring an</p>			

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	<p>overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers.</p> <p>Based on policy review, agency document Annual Agency Evaluation review, and interview, the agency failed to ensure the annual evaluation was completed to include the participation of a therapist and could be used as a basis for action by those responsible for the operation of the agency for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. " Review of agency document Annual 	G 243	<p>G 0243 The Administrator sought additional clarification 484.52 Agency policy "Professional Advisory Committee", which states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. The Administrator spoke with a member of IAHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate for the reviews and evaluations. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input. He also had the meeting minutes and</p>	05/16/2015

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G 244 Bldg. 00	<p>Agency Evaluation dated 1-9-15 failed to evidence the participation of a therapist and include data upon which to assess the extent to which the agency's program was appropriate, adequate, effective, and efficient and could provide a basis for action by those responsible for the operation of the agency.</p> <p>3. On 4-16-14 at 2:45 PM, Employee A, administrator, indicated the agency provides physical therapy and occupational therapy and that the agency annual evaluation should have included the participation and advise of a therapist. Usually, the physical therapist attends but did not on 1-9-15. Employee A indicated without the participation of a therapist, the review and agency report were not complete and valid, did not provide data and advise upon which to base an assessment, and did not provide a basis for action by those responsible for the operation of the agency.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation consists of an overall policy and administrative review and a clinical</p>		<p>appropriate documents for the meeting faxed to him the night before for review. The Administrator has scheduled another Advisory Board meeting by May 16, 2015. If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. The evidence of each representative will be show that the annual evaluation was completed. They will sign, the sign in attendance agenda form. 2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. Documentation of attendance will be obtained in writing if anyone is not present, and was on conference call, as soon as possible after the meeting. 3. The Administrator will be responsible for monitoring this corrective action and compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p>		

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	<p>record review.</p> <p>Based on policy review, agency document Annual Agency Evaluation review, and interview, the agency failed to ensure the annual evaluation was completed to include the participation of a therapist to participate in the overall policy and administrative review for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. " Review of agency document Annual Agency Evaluation dated 1-9-15 failed to evidence the participation of a therapist and include data upon which to assess the extent to which the agency's program was 	G 244	<p>G 0244 The Administrator sought additional clarification 484.52 Agency policy "Professional Advisory Committee", which states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. The Administrator spoke with a member of IAHHHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate. for the reviews and evaluations. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input on therapy issues and the overall program review. He also had the meeting minutes and appropriate documents for the meeting faxed to him. The documents were faxed the night prior to the</p>	05/16/2015	

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G 245 Bldg. 00	<p>appropriate, adequate, effective, and efficient and could provide a basis for action by those responsible for the operation of the agency.</p> <p>3. On 4-16-14 at 2:45 PM, Employee A, administrator, indicated the agency provides physical therapy and occupational therapy and that the agency annual evaluation should have included the participation and advise of a therapist. Usually, the physical therapist attends but did not on 1-9-15. Employee A indicated without the participation of a therapist, the review and agency report were not complete and valid, did not provide data and advise upon which to base an assessment, and did not provide a basis for action by those responsible for the operation of the agency.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.</p> <p>Based on policy review, agency document Annual Agency Evaluation</p>	G 245	<p>conference call, so they had been reviewed. The Administrator has scheduled another Advisory Board meeting by May 16, 2015 If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. The annual evaluation will be reviewed by appropriate representatives in the future. 2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. Documentation of attendance will be obtained in writing if anyone is not present, and was on conference call, as soon as possible after the meeting. This will be done annually. 3. The Administrator will be responsible for monitoring this corrective action and compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p> <p>G 0245 The Administrator sought additional clarification 484.52 Agency policy "Professional</p>	05/16/2015			

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	<p>review, and interview, the agency failed to ensure the annual evaluation was completed to include the participation of a therapist and could be used as a basis for action by those responsible for the operation of the agency for 1 of 1 agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. " Review of agency document Annual Agency Evaluation dated 1-9-15 failed to evidence the participation of a therapist and include data upon which to assess the extent to which the agency's program was appropriate, adequate, effective, and efficient and could provide a basis for action by those responsible for the operation of the agency. 		<p>Advisory Committee", which states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. The Administrator spoke with a member of IAHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate for the reviews and evaluations. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input on therapy issues and the overall program review. He also had the meeting minutes and appropriate documents for the meeting faxed to him. The documents were faxed the night prior to the conference call, so they had been reviewed. The Administrator has scheduled another Advisory Board meeting by May 16, 2015</p>				

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G 246 Bldg. 00	<p>3. On 4-16-14 at 2:45 PM, Employee A, administrator, indicated the agency provides physical therapy and occupational therapy and that the agency anual evaluation should have included the participation and advise of a therapist. Usually, the physical therapist attends but did not on 1-9-15. Employee A indicated without the participation of a therapist, the review and agency report were not complete and valid, did not provide data and advise upon which to base an assessment, and did not provide a basis for action by those responsible for the operation of the agency.</p> <p>484.52 EVALUATION OF THE AGENCY'S PROGRAM Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.</p> <p>Based on policy review, agency document Annual Agency Evaluation review, and interview, the agency failed to ensure the annual evaluation was completed to include the participation of a therapist and could be used as a basis for action by those responsible for the</p>	G 246	<p>If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. 2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. Documentation of attendance will be obtained in writing if anyone is not present, and was on conference call, as soon as possible after the meeting. This will be done annually. 3. The Administrator will be responsible for monitoring these corrective actions and compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p> <p>G 0246 The Administrator sought additional clarification 484.52 Agency policy "Professional Advisory Committee",which states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on</p>	05/16/2015			

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	<p>operation of the agency for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. Agency policy "Professional Advisory Committee", unknown date of last review/revision, states "The governing body shall appoint an advisory committee of professional personnel. This committee shall meet at least annually to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. "</p> <p>2. Review of agency document Annual Agency Evaluation dated 1-9-15 failed to evidence the participation of a therapist and include data upon which to assess the extent to which the agency's program was appropriate, adequate, effective, and efficient and could provide a basis for action by those responsible for the operation of the agency.</p> <p>3. On 4-16-14 at 2:45 PM, Employee A, administrator, indicated the agency provides physical therapy and</p>		<p>professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. The committee shall include appropriate representation of health care professionals. The Administrator spoke with a member of IAHHHC, and was directed to a member of ISDH at the annual conference for clarification of the regulation. The Administrator now has a clear understanding of the interpretation of this standard. It was interpreted that if the physician, registered nurse and other professional were present that this was appropriate for the reviews and evaluations. The Administrator did have a phone conference on April 16, 2015 with the therapist for his input on therapy issues and the overall program review. He also had the meeting minutes and appropriate documents for the meeting faxed to him. The documents were faxed the night prior to the conference call, so they had been reviewed. The Administrator has scheduled another Advisory Board meeting by May 16, 2015 If anyone is unable to attend in person, the agenda and all appropriate documents will be emailed or faxed prior to the meeting. All representatives will be present to ensure that the</p>	

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G 321 Bldg. 00	<p>occupational therapy and that the agency annual evaluation should have included the participation and advise of a therapist. Usually, the physical therapist attends but did not on 1-9-15. Employee A indicated without the participation of a therapist, the review and agency report were not complete and valid, did not provide data and advise upon which to base an assessment, and did not provide a basis for action by those responsible for the operation of the agency.</p> <p>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.</p> <p>Based on ISDH document review and interview, the agency failed to ensure that 12 of 29 assessments were transmitted within 30 days of the M0090 date from 10-1-14 to 3-31-15.</p>	G 321	<p>agency's program was appropriate, adequate, effective, and efficient and provide a basis for action by those responsible for the operation of the agency. 2. The deficiency will be prevented from recurring by having a representative present from each professional discipline present, either in person or by conference call or skype. The agenda along with supporting documents will be emailed or faxed prior to the meeting in order to have appropriate representation. Documentation of attendance will be obtained in writing if anyone is not present, and was on conference call, as soon as possible after the meeting. 3. The Administrator will be responsible for monitoring these corrective actions and compliance being maintained. 4. The deficiency will be corrected by 05/16/2015.</p> <p>G 0321 The Administrator inserviced the nursing staff on the importance of encoding and transmitting Oasis data for each agency patient within thirty days of completing the assessment. The Administrator, inserviced the nursing staff on the importance of transmitting Oasis on a timely</p>	05/16/2015			

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G 337 Bldg. 00	<p>Findings Include:</p> <p>1. The ISDH Casper Report "HHA Activity" from 10-1-2014 to 3-31-15 " contained 12 assessments not transmitted within 30 days of the M0090 date between 10-1-14 and 12-24-14. ISDH Casper Report "HHA Error Summary by Agency" from 10-2014 to 3-2015 contained an Error Report #3330 of 43.75%.</p> <p>2. On 4-16-15 at 2:30 PM, Employee A, the administrator, indicated the agency had failed to submit its assessments within 30 days of the M0090 date and indicated she was unable to provide any further documentation.</p> <p>484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug</p>				<p>basis. The Administrator has contacted our IT agent and spoken with the help desk to see why so much of our Oasis data was not being accepted. It was being done and kicked out on many occasions. These problems kept the nurses behind in submitting timely. I have gotten to the bottom of the problem and Oasis will be transmitted, weekly by May 16, 2015. 2. The deficiency will be corrected by transmitting Oasis on a weekly basis. We will use the re-certification schedule for the nursing staff to monitor this activity. As they are transmitted the Administrator will check them off as completed. Any missed will be picked up with this audit of the re-certification schedule. We will also monitor any new admissions, resumptions, or any skilled nursing service needing transmission. All transmissions will be monitored monthly. 3. The Director of Nursing and the Administrator will be responsible for monitoring this corrective action and for compliance being maintained. 4. Date to be completed by 05/16/15.</p>		

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	<p>interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the medication profile was updated at least every 60 days for 1 of 10 clinical records reviewed (5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Medication Profile", unknown date last reviewed/ revised, states, "The Medication Profile shall be reviewed and updated by a Registered Nurse at least every 60 days and whenever there is a change or discontinuation in medications. The Registered Nurse shall sign and date the Medication Profile upon initiation and, at minimum, every 60 days thereafter." Clinical record 5, start of care 11-12-14, contained a plan of care for the certification period 3-17 to 5-15-15. The medication profile was updated on 1-5-15 and 3-16-15, more than 60 days from the prior medication profile update. On 4-16-15 at 2:30 PM, the administrator, Employee A, and nursing supervisor, Employee B, indicated the medication profile for CR 5 was not updated at least every 60 days as required 	G 337	<p>G 0337 The Administrator inservices the nursing staff on the importance of following the agency policy "Medication Profile", which states, "The Medication Profile shall be reviewed and updated by a Registered Nurse at least every 60 days and whenever there is a change or discontinuation in medications. The Registered Nurse shall sign and date the Medication Profile upon initiation and, at minimum, every 60 days thereafter." The clinical record five has been corrected. All clinical records will be reviewed for evidence that the medication profile was reviewed every 60 days. 2. Thereafter ten percent of clinical records will be audited monthly for evidence that the medication profiles have been updated every sixty days. 3. The Director of nursing will be responsible for monitoring the corrective action and maintaining compliance. 4. Date of completion for all audits 05/16/2015.</p>	05/16/2015	

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N 000 Bldg. 00	<p>by agency policy.</p> <p>This visit was for a home health state complaint investigation.</p> <p>Survey dates were 4-9, 4-10, 4-13, 4-14, 4-15, and 4-16-15.</p> <p>Complaint #: IN00153329; Substantiated - State deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Facility #: 011457</p> <p>Medicaid Vendor: 200891860</p> <p>Census: 27 Unduplicated skilled admissions last 12 months</p> <p>Current Census: 20 Skilled patients 24 Home Health Aide only patients</p>	N 000		

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N 444 Bldg. 00	<p>44 Total</p> <p>QR: JE 4/28/15</p> <p>410 IAC 17-12-1(c)(1) Home health agency administration/management Rule 12 Sec. 1(c) An individual need not be a home health agency employee or be present full time at the home health agency in order to qualify as its administrator. The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (1) Organize and direct the home health agency's ongoing functions.</p> <p>Based on clinical record review and interview, the administrator failed to ensure agency staff documented the date of referral for home health services for 2 of 10 clinical records reviewed (3, 10).</p> <p>Findings include:</p> <p>1. Clinical record 3, start of care 10-2-14, contained an intake form which failed to evidence the date of the referral for home health services.</p> <p>2. Clinical record 10, start of care 10-25-14, contained an intake form which failed to evidence the date of the referral for home health services.</p>	N 444	<p>N 444 The Administrator inserviced all agency staff on the importance of ensuring agency staff document the date of referral for home health services. All clinical records were reviewed, and any missing referral dates were corrected by nursing staff .</p> <p>2. Ten percent of clinical records will be audited monthly to ensure referral dates are being entered.</p> <p>3. The Director of Nursing will be responsible for monitoring for these corrective actions and ensuring that compliance is maintained. 4. This will be completed by 05/16/2015.</p>	05/16/2015

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N 464 Bldg. 00	<p>3. On 4-10-15 at 4:00 PM, the administrator, Employee A, indicated agency procedure requires staff to record referral date on the intake form for use in agency activity reports and other agency purposes. She indicated clinical record 3 and 10 referral forms were not dated by staff during intake.</p> <p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or</p>			

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	<p>(iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on policy review, personnel file review, review of Center for Disease Control (CDC) tuberculosis (TB) skin testing guidelines, and interview, the agency failed to ensure all employee TB tests were read between 48 to 72 hours for 1 of 7 non-positive Tuberculin Skin Test responders files (E) reviewed.</p> <p>The findings include:</p> <p>1. A portion of the agency policy for</p>	N 464	N 0464 The Administrator inserviced the nursing staff on the importance of following the guidelines for all employees having patient contact, according to agency policy which states Infection Control related to hiring practices titled "Special Instructions", A TB skin test may be administered at the agency by a Registered Nurse or Licensed Practical Nurse. The TB skin test consent and results shall be documented. TB skin test results shall be evaluated by a Registered Nurse or Licensed	05/16/2015

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	<p>Infection Control related to hiring practices titled "Special Instructions", date of last review/revision was unknown, states, "A TB skin test may be administered at the agency by a Registered Nurse or Licensed Practical Nurse. The TB skin test consent and results shall be documented. TB skin test results shall be evaluated by a Registered Nurse or Licensed Practical Nurse, within 48-72 hours and documented as "nonsignificant" (negative) or "significant" (positive) in millimeters of induration."</p> <p>2. CDC Guidelines for Control and Prevention of TB "Tuberculosis Skin Testing Fact Sheet", last reviewed/updated September 2012 , states, "The skin test reaction should be read between 48 and 72 hours after administration ... A patient who does not return within 72 hours will need to be rescheduled for another skin test."</p> <p>3. Personnel file E, a licensed practical nurse, was hired on 9-23-13, and the personnel file contained a record of an annual Tuberculin (TB) skin test administered 6-6-14 and read on 6-9-14 with result of 0 mm (millimeters) induration. The yearly TB screening document failed to evidence the time of the administration on 6- 6-14 and the</p>		<p>Practical Nurse, within 48-72 hours and documented as "nonsignificant" (negative) or "significant" (positive) in millimeters. The policy will be revised to include that an employee who does not return in 72 hours must be rescheduled for another skin test. Employee E was scheduled for a TB skin test, and was read within the proper time frame. 2. All new employee personnel files will be audited for correct documentation on the reading of TB skin test in the personnel files. Ten per cent of employee records will be audited monthly thereafter. 3. The Administrator, will be responsible for monitoring these corrective actions. and maintaining compliance. 4. Date of completion 05/16/15.</p>	

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N 470 Bldg. 00	<p>time of the reading on 6-9-14.</p> <p>4. The Administrator, on 4-16-14 at 2:15 PM, indicated the agency should not have accepted Employee E's 6-9-14 TB skin test. The agency should have required the test be repeated. The administrator indicated absent documentation of date and time of administration and reading of a TB skin test did not reflect an accurate reading / test.</p> <p>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</p>			

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	<p>to notify the attending physician of patient transfer to acute care hospital for 1 of 4 patients whose clinical records were reviewed and were transferred during the certification period (5).</p> <p>Findings include:</p> <p>1. Agency policy "Coordination of Services", unknown date of last review/revision, states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care ... The means of communication and the results shall be documented in the clinical record or care conferences ... "</p> <p>2. Clinical record 5, start of care 11-12-14, contained a plan of care for the certification period 3-17 to 5-15-15. The record evidenced, on 3-19-15, patient was transferred to an acute care hospital. The clinical record failed to evidence the attending physician had been notified of the transfer.</p> <p>3. On 4-16-15 at 2:30 PM, the administrator, Employee A, and nursing supervisor, Employee B, indicated clinical record 5 failed to evidence</p>		<p>on Coordination of Services, which, states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care .The means of communication and the results shall be documented in the clinical record or care conferences. All charts will be audited and clients that had hospital admissions will be reviewed to ensure that notification was sent to the MD. If any were missed late entries will be done as appropriate. 2. To prevent the deficiency from recurring, the nursing staff will now fax a copy of the discharge to a facility form to the attending physician and keep a copy of the fax confirmation. This method of notification will begin on 05/11/2015. Ten percent of records will be audited for evidence of compliance quarterly. 3. The Director of Nursing will be responsible for monitoring these corrective actions and to keep the deficiency from recurring. 4. This was corrected by 05/15/2015.</p>	

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N 486 Bldg. 00	<p>notification of the attending physician when agency became aware patient had been admitted as an in-patient on 3-19-15, and this should have been done.</p> <p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure agency staff documented coordination of care activities for 1 of 1 clinical records reviewed of patients receiving care from the agency and another agency (1).</p> <p>Findings include: 1. Agency policy "Coordination of Services", unknown date of last review/revision, states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care ... The means of communication and the results shall be</p>	N 486	N 0486 The Administrator inserviced the nursing staff on the importance of following our agency policy Coordination of Services which states. "All personnel providing services shall maintain effective communication to assure that their efforts appropriately complement one another and support the objectives of the clients care ... The means of communication and the results shall be documented in the clinical record or care conferences . Although our agency communicates weekly sometimes with our other agency providers, the communication must be documented. It is stressed no matter how busy we are, we must document our communication in the clinical record or case conference notes. 2. To prevent this deficiency from recurring ten percent of client records and case conferences	05/16/2015

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N 514	<p>documented in the clinical record or care conferences ...</p> <p>2. Clinical record 1, start of care 7-29-13, contained a plan of care for the certification period 1-20 to 3-20-15, with orders for skilled nursing (SN) and home health aide (HHA) services from the agency. Another agency provided attendant care services. Case conferences and the clinical record failed to evidence effective ongoing communication documenting efforts of the two agencies were coordinated to complement each other and support the objectives of the client's care.</p> <p>3. On 4-10-14 at 2:30 PM, administrator, Employee A, and nursing supervisor, Employee B, indicated the SN spoke to the other personal services agency weekly but had failed to document the conversations in the clinical record or case conference notes.</p> <p>410 IAC 17-12-3(c) Patient Rights</p>		<p>will be audited monthly for evidence that effective communication is being documented. 3. The Director of Nursing and the Administrator shall be responsible for correcting the deficiency and monitoring compliance. 4. Date of completion 05/16/15.</p>		

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Bldg. 00	<p>Rule 12 Sec. 3(c)</p> <p>(c) The home health agency shall do the following:</p> <p>(1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following:</p> <p>(A) Treatment or care that is (or fails to be) furnished.</p> <p>(B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency.</p> <p>(2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on policy review, complaint log review, clinical record review, and interview, the agency failed to document the existence and resolution of a complaint for 1 of 2 closed records reviewed (2).</p> <p>Findings include:</p> <p>1. Agency policy "Grievance Procedure", unknown date of last review/revision, states, "The client / family /legal representative has the right to voice grievances regarding treatment or care (or changes in treatment or care) that is (or fails to be) furnished ... the home care agency shall investigate such complaints and shall document both the existence of the complaint and the resolution of the complaint ... The complaint shall be documented on the Client</p>	N 514	N 0514 The Administrator inserviced the entire agency staff of the importance of following our agency policy "Grievance Procedure", "The client / family /legal representative has the right to voice grievances regarding treatment or care (or changes in treatment or care) that is (or fails to be) furnished ... the home care agency shall investigate such complaints and shall document both the existence of the complaint and the resolution of the complaint ... The complaint shall be documented on the Client Grievance/Complaint Form ... The Client/Responsible party will be informed of the progress of the investigation and proposed action plan ... The Client or person making the complaint will be informed of resolution as soon as possible after actions have been taken." All staff received the agency complaint form and were	04/24/2015

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	<p>Grievance/Complaint Form ... The Client/Responsible party will be informed of the progress of the investigation and proposed action plan ... The Client or person making the complaint will be informed of resolution as soon as possible after actions have been taken."</p> <p>2. Agency complaint log failed to evidence documentation of the existence of and resolution of a complaint by family member of patient # 2 alleging poor care by agency staff, received per telephone call by Employee B, nursing supervisor, on 7-16-14.</p> <p>3. Clinical record (CR) 2, start of care 12-19-11, contained clinical note dated 7-16-14, signed by nursing supervisor, Employee B, that documented contact with case manager regarding complaint made by patient's "granddaughter."</p> <p>4. On 4-10-15 at 3:00 PM, Employee A, administrator, and Employee B, nursing supervisor, indicated the agency failed to document in the clinical record, complaint log, or in any other agency documentation, the existence of and investigation of the complaint received from family member of patient #2. No further documentation was provided prior to exit.</p>		<p>instructed on the proper use of the form. The Administrator made a new 2015 complaint form book. The complaint forms will be filed in alphabetical in the book. Any and all supporting documents if any will be filed along with the complaint form. All staff will now use the agency complaint form in a uniform fashion. The Administrator and the Director of Nursing also attended the IAHC annual conference to get a review on compliance issues. 2. The deficiency will be prevented from recurring by all complaint forms being reviewed by the Administrator or Director of Nursing for accuracy and completeness. The existence of the complaint and the resolution will be documented. The client or person making the complaint will be notified of the resolution as soon as possible after actions have been taken. All complaints will be reviewed monthly. 3 The Administrator and the Director of Nursing will be responsible for monitoring these corrective actions and maintaining</p>		

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N 518 Bldg. 00	<p>410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on document review, policy review, clinical record review, and interview, the agency failed to ensure patients were provided the current Indiana Advance Directives, including a description of applicable state law, in 10 of 10 records reviewed (1 - 10).</p> <p>Findings include: 1. The admission package the administrator provided as a sample of the information provided to patients at start of care failed to include the state of Indiana Advanced Directives revised July 1, 2013. The admission packet contained a copy of state of Indiana Advance Directive brochure from May 2004.</p>	N 518	<p>compliance. 4 The deficiency will be corrected by 05/16/15.</p> <p>N 0518 The Administrator inserviced the nursing staff of the importance of following our agency policy "Advanced Directive Policy", which states, "This home care agency shall inform and distribute written information to the client/legal representative, in advance, concerning its policies on advance directives, including a description of applicable State Law." It was brought to my attention that all current patients have received the new advanced directives. The admission packet that was given to the surveyor was an old admission packet. However, all patients prior to the new advanced directives, had not received new ones. All patients with admission dates prior to the revision date will be given updated advance directives</p>	05/16/2015

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	<p>2. Agency policy "Advanced Directive Policy", unknown date of last review/revision, states, "This home care agency shall inform and distribute written information to the client/legal representative, in advance, concerning its policies on advance directives, including a description of applicable State Law."</p> <p>3. Clinical record (CR) 1, start of care (SOC) 7-29-13, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>4. CR 2, SOC 3-19-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>5. CR 3, SOC 10-2-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal</p>		<p>evidence of which will be in the patient file by way of acknowledgement form signed by client or representative. A current advanced directive will be put in our sample admission packet. 2 To ensure that the deficiency will not recur, during clinical audits, a new line item to check for revisions of admissions criteria will be added to the audit form. Ten percent of clinical chart audits will be done monthly for evidence of updated advanced directive and admission information. Also quarterly to audit our sample admission packet. 3 The Director of Nursing will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and compliance is maintained.4.The date of completion will be by 05/16/2015.</p>	

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	<p>representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>6. CR 4, SOC 12-22-09, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>7. CR 5, SOC 11-12-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>8. CR 6, SOC 8-30-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in</p>			

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	<p>the 7-1-13 Indiana Advanced Directives brochure.</p> <p>9. CR 7, SOC 8-16-10, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>10. CR 8, SOC 9-22-14, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>11. CR 9, SOC 6-21-13, contained an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>12. CR 10, SOC 10-25-14, contained</p>			

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N 522 Bldg. 00	<p>an acknowledgment of receipt of Advance Directives brochure dated 5-2004, and failed to evidence the patient/legal representative had been advised, orally and in writing, of the updated description of current Indiana state law described in the 7-1-13 Indiana Advanced Directives brochure.</p> <p>13. On 4-9-15 at 1:30 PM, administrator, Employee A, indicated the agency had not notified patient/patients' representatives on service in July 2013, orally and in writing, of the current description of Indiana Advance Directive law following the revision of Indiana Advance Directive law effective July 1, 2013. She indicated the agency had not notified, orally and in writing, patients with starts of care after July 2013, of the current description of Indiana Advance Directive law. She indicated all the clinical records would fail to evidence notification of patients' rights described in the 7-1-13 Indiana Advance Directives brochure.</p>			
	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow			

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	<p>a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on policy review, review of clinical records, and interview, the agency failed to ensure visits and treatments were made as ordered on the plan of care (POC) for 2 of 10 clinical records reviewed (#6 and 10).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Plan of Care", unknown date of last review/revision, states, "Home care services are furnished under the supervision and direction of the clients physician ... The plan will be consistently reviewed to ensure that client needs are met ... If fewer visits are provided than ordered, the physician is notified, and either a verbal/telephone order for a MISSED VISIT is obtained or documentation of physician's notification is incorporated into the clinical record ... Care, treatments, procedures, tests, and services shall be administered by appropriate home care staff only as ordered by a physician." Clinical record 6, start of care 8-30-14, contained a plan of care for the certification period 2-26- to 4-26-15 with 	N 522	<p>N 0522 The Administrator inserviced the nursing staff on the importance of following agency policy "Plan of Care", which states, "Home care services are furnished under the supervision and direction of the clients physician ... The plan will be consistently reviewed to ensure that client needs are met. If fewer visits are provided than ordered, the physician is notified, and either a verbal/telephone order for a missed visit is obtained or documentation of physician's notification is incorporated into the clinical record .Care, treatments, procedures, tests, and services shall be administered by appropriate home care staff only as ordered by a physician." All clinical records will be review for accuracy in following the plan of care. Orders have been obtained to correct clinical record 6. Orders will be clarified for frequency when schedules change during the certification period causing a need for a revision of orders. We have caregivers that change schedules as often as every two weeks. We will monitor these plans of care as often as needed for any clarifications needed. 2. Ten percent of clinical records will be audited monthly for accuracy in following the plan of</p>	05/16/2015

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N 524 Bldg. 00	<p>orders for skilled nursing services. Skilled nursing visit notes evidenced blood sugar test results from glucometer tests daily. The clinical record failed to evidence an order for daily blood sugar testing.</p> <p>2. Clinical record 10, start of care 10-25-14, contained a plan of care for certification period 2-22 to 4-22-15 that included orders for home health aide (HHA) services 9 hours day, 5 days a week. The clinical record evidenced HHA visit of 10 hours on 2-24 and 2-27-15, of 9 hours on 4-2-15, of 8.5 hours on 3-2, 3-3, 3-5, 3-7, and 3-20, and 8 hours on 3-30 and 4-4-15.</p> <p>3. On 4-16-15 at 3:00 PM, the administrator indicated HHA services were not provided as ordered on the plan of care.</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. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits.</p>		<p>care. Any services that we know change frequently due to caregivers schedule will be monitored accordingly even if every two weeks. 3. The Director of Nursing will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and maintaing compliance. 4. Deficiencies will be corrected by 05/16/15.</p>	

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	<p>(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> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care (POC) included a frequency of visits for home health aide services (HHA) for 1 of 9 (5) clinical records reviewed of patients receiving home health aide services and failed to ensure measurable goals were established for 1 of 10 clinical records reviewed (6).</p> <p>Finding include:</p> <p>1. Agency policy "Care Plans", unknown date of last review/revision, states, "The Care Plan ... shall include, but not limited to: ... reasonable, measurable, and realistic goals as determined by the assessment and client expectations ... "</p> <p>2. Agency policy "Plan of Care", unknown date of last review/revision, states. "The Care Plan shall be completed</p>	N 524	N 0524 The Administrator inserviced the agency staff on the importance of following our agency policy "Care Plans", which, states, The Care Plan shall include, but not limited to: reasonable, measurable, and realistic goals as determined by the assessment and client expectations. Also that the type, frequency, and duration are correct. All clinical records will be review for accuracy in following the plan of care. Goals have been changed to correct clinical record 6. Orders will be clarified for frequency when schedules change during the certification period causing a need for a revision of orders. We have caregivers that change schedules as often as every two weeks. We will monitor these plans of care as often as needed for any clarifications needed. Clinical record 5 has been clarified. 2. Ten percent of clinical records will be audited monthly for accuracy in following the plan of	05/16/2015	

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N 550	<p>to include: ... Type, frequency, and duration of all visits/services."</p> <p>3. Clinical record 5, start of care (SOC) 11-12-14, contained a plan of care for the certification period 3-17 to 5-15-15 with orders for HHA services "8.5 hours a day for 5 hours a day plus travel time, a total of 45 hours per week." The clinical record failed to evidence a clarification of the order for frequency of visits per week of HHA visits.</p> <p>4. Clinical record 6, SOC 11-12-14, contained a plan of care for the certification period 2-26 to 4-26-15 with orders for skilled nursing. The clinical record evidenced goals of " ... client will remain clean and secure, that all needs are anticipated and met. It is not expected that client's condition will improve but it may worsen."</p> <p>5. On 4-16-15 at 2:30 PM, the administrator, Employee A, and nursing supervisor, Employee B, indicated the travel time for clinical record 5 is about 30 minutes, the POC order is confusing and incomplete, and should have been clarified. For clinical record 6, the skilled nurse failed to develop measurable goals for nursing services.</p> <p>410 IAC 17-14-1(a)(1)(K)</p>		<p>care. Any services that we know change frequently due to caregivers schedule will be monitored accordingly even if every two weeks. Goals for all skilled nursing cases will be reviewed to develop measurable goals. The ten percent audits will start after all current clarifications have been done. 3. The Director of Nursing will be responsible for monitoring these corrective actions and ensuring compliance. 4. Deficiencies will be corrected by 05/16/15.</p>	

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Bldg. 00	<p>Scope of Services</p> <p>Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:</p> <p>(K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on agency policy review, clinical record review, and interview, the agency failed to ensure the home health aide plan of care was updated at least every 60 days as required by agency policy in 1 of 9 clinical records reviewed of patients receiving home health aide services (5)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Agency policy "Home Health Aide Plan", unknown date of last review/revision, states, "The Home Health Aide Care Plan shall be reviewed and updated by the Registered Nurse, as often as necessary, but minimally every 60 days ... " Clinical record 5, start of care 11-12-14, contained a physician's plan of care for certification period 3-17 to 5-15-15. The record evidenced an aide care plan review/update by the registered nurse on 1-5-15 and 3-16-15, more than 60 days. 	N 550	<p>N 0550 The Administrator inservice the nursing staff on the importance of following our agency policy which states "Home Health Aide Plan", The Home Health Aide Care Plan shall be reviewed and updated by the Registered Nurse, as often as necessary, but minimally every 60 days . "Clinical record five had an incorrect date and has been corrected. 2. All clinical records will be audited for accuracy on the above policy.Ten percent of clinical records will be audited monthly for evidence that Home Health Aide Care Plans are correctly reviewed every 60 days.3. The Director of</p>	05/16/2015
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N 586 Bldg. 00	<p>3. On 4-16-15 at 2:30 PM, Employee A, administrator, indicated the aide care plan should have been reviewed by the registered nurse no later than 3-15-15.</p> <p>410 IAC 17-14-1(h) Scope of Services Rule 14 Sec. 1(h) Home health aides must receive continuing education. Such continuing education shall total at least twelve (12) hours from January 1 through December 31, inclusive, with a minimum of eight (8) hours in any eight (8) of the following subject areas:</p> <p>(1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff.</p> <p>(2) Observing, reporting, and documenting patient status and the care or service furnished.</p> <p>(3) Reading and recording temperature, pulse, and respiration.</p> <p>(4) Basic infection control procedures and universal precautions.</p> <p>(5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.</p> <p>(6) Maintaining a clean, safe, and healthy environment.</p> <p>(7) Recognizing emergencies and knowledge of emergency procedures.</p>				<p>Nursing will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and for maintaining compliance.4. This will be corrected by 05/16/15.</p>		

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	<p>(8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property.</p> <p>(9) Appropriate and safe techniques in personal hygiene and grooming that include the following: (A) Bed bath. (B) Bath; sponge, tub or shower. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination.</p> <p>(10) Safe transfer techniques and ambulation.</p> <p>(11) Normal range of motion and positioning.</p> <p>(12) Adequate nutrition and fluid intake.</p> <p>(13) Medication assistance.</p> <p>(14) Any other task that the home health agency may choose to have the home health aide perform.</p> <p>Based policy review, review of agency documents, and interview, the agency failed to ensure 12 of 17 home health aide (HHA) files reviewed (M, N, O, P, Q, R, S, T, U, V, W) of aides hired prior to 1-1-14 had completed the required number of in-services.</p> <p>Findings include:</p> <p>1. Agency policy "Home Health Aide Competency Evaluation, Registration, Training, and Continuing Education", unknown date last review/revision, states,</p>	N 586	<p>N 0586 The Administrator inserviced the nursing staff on the importance of following our agency policy that states "Home Health Aide Competency Evaluation, Registration, Training, and Continuing Education", "Home Health Aides must receive continuing education (in-service training). Such continuing education shall total at least twelve (12) hours per calendar year from January 1 through December 31, inclusive)."</p> <p>All current employees will have inservices completed for five</p>	05/16/2015

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	<p>"Home Health Aides must receive continuing education (in-service training). Such continuing education shall total at least twelve (12) hours per calendar year from January 1 through December 31, inclusive)."</p> <p>2. Agency document "Employee In Service List", provided by the administrator, printed from computer records on 4-14-15 at 2:00 PM, included the continuing education records for HHAs for 2014 and 2015.</p> <p>A. Employee L, date of hire (DOH) 2-5-11, had 9 hours of continuing education on the "Employee In Service List."</p> <p>B. Employee M, DOH 6-27-13, had 11 hours of continuing education on the "Employee In Service List."</p> <p>C. Employee N, DOH 1-24-11, had 11 hours of continuing education on the "Employee In Service List."</p> <p>D. Employee O, DOH 6-14-12, had 4 hours of continuing education on the "Employee In Service List."</p> <p>E. Employee P, DOH 6-3-11, had 11 hours of continuing education on the "Employee In Service List."</p>		<p>months by month end in May. Employees on medical leave, will be required to have them made up when they return to work. All 12 hours of inservices for all employees will be completed by December 31, 2015.2. Our contract nurse will give the Director of Nursing a list monthly of employees who have completed inservices. Current employees who missed inservice for the month will have a two week written notice to get the monthly inservice done. This will not change our above policy only the requirement for getting them done timely. 3. The Director of Nursing will be responsible for ensuring the deficiency is corrected and compliance maintained. 4. This will be completed by 05/16/15.</p>	

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	<p>F. Employee Q, DOH 6-19-12, had 4 hours of continuing education on the "Employee In Service List."</p> <p>G. Employee R, DOH)4-18-13, had 11 hours of continuing education on the "Employee In Service List."</p> <p>H. Employee S, DOH 7-1-11, had 10 hours of continuing education on the "Employee In Service List."</p> <p>I. Employee T, DOH 8-21-13, had 9 hours of continuing education on the "Employee In Service List."</p> <p>J. Employee U, DOH 2-17-13, had 0 hours of continuing education on the "Employee In Service List."</p> <p>K. Employee V, DOH 8-13-10, had 11 hours of continuing education on the "Employee In Service List."</p> <p>L. Employee W, DOH 2-6-12, had 11 hours of continuing education on the "Employee In Service List."</p> <p>3. On 4-14-15 at 2:30 PM, Employee B, nursing supervisor, reviewed the continuing education report, indicated it was current, and included all continuing education the HHAs had completed in</p>			

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	2014. Employee B indicated HHAs with fewer than 12 hours of continuing education in 2014 had not complied with agency policy.				