

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157641	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2014
NAME OF PROVIDER OR SUPPLIER VALCO HEALTHCARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E 86TH ST, ,SUITE 55-B INDIANAPOLIS, IN 46240		
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N000000	<p>This visit was a state licensure survey.</p> <p>Survey date: February 24, 25, 26, 27, and 28, 2014</p> <p>Facility #: 003413</p> <p>Medicaid Vendor #: 200434910</p> <p>Surveyor: Shannon Pietraszewski, RN, PHNS</p> <p>Census: 44 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 11, 2014</p>	N000000			

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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N000440	<p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on observation, agency record and policy review, Indiana State Department of Health (ISDH) documentation, and interview, the agency failed to ensure the organizational chart was accurate creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During the entrance conference on 02/24/14 at 10:20 AM, the Administrator indicated Employee I, Registered Nurse, was the alternate Administrator and the alternate Director of Nursing. ISDH documentation failed to evidenced employee I. On 02/25/14 at 11:30 AM, Employee J indicated she just started at the agency on 02/24/14 and was asked to be the Alternate for the Administrator and Director of Nursing. On 02/25/14 at 1:30 PM, the Administrator was observed sleeping at the reception desk at the entrance door of 	N000440	<p>The Agency has revised the Organizational Chart to identify the organization structure, management positions and reporting line. A new Administrator and Director of Nursing have been appointed by the Governing Body. During hours of operation the Administrator or designated back up and the Director of Nursing or designated back up will be available at all times. Paperwork has been submitted to the ISDH for the two individuals appointed to the Administrator and Director of Nursing positions. The revised Organizational Chart was approved by the Governing Body. The revised Organizational Chart will be communicated to all Agency staff members. All office staff and field staff will be knowledgeable of who they report to. The Governing Body has appointed new members to the PAG including a physician, nurse, aide, agency management staff, and a community representative. The PAG met on 3/20/14. The Quality Assurance Performance Improvement Program (QAPI) will hold quarterly meetings to</p>	03/28/2014			

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	<p>the agency office. The Administrator was awakened and did not have organization chart that defined the lines of authority when asked.</p> <p>4. On 02/26/14 at 12:00 PM, the organizational chart that defined the lines of authority was requested. The Administrator asked Employee F to retrieve the document. Employee F was observed creating the organizational chart.</p> <p>5. On 02/26/14 at 12:08 PM, Employee F provided the organizational chart indicating the following:</p> <p style="padding-left: 40px;">a. Line 3 - Professional Advisory Committee and the Physician, Consultant, and (name of physician). The agency has not had a Professional Advisory Committee since 2012.</p> <p style="padding-left: 40px;">b. Line 4 - Interdisciplinary Team Members, Human Resources Director (Employee D), Director of Nursing (Employee F), Registered Nurses (Name of Employees G, I, J) and Assurance Committee. The agency has not had an Assurance Committee since 2012. Employee D had been identified as the bookkeeper in her employee contract.</p> <p style="padding-left: 40px;">c. Line 5 - Office Manager</p>		<p>evaluate the Agency's Quality Assurance Program. The QAPI committee met on 04/04/14 to review and define the Agency QAPI Program. The QAPI Committee will evaluate at a minimum the following areas: Complaints, Adverse Events and Incidents, Falls, Infections, and Human Resource compliance with the requirements of personnel files. The focus of compliance for the QAPI committee will be on documentation compliance. The Administrator will be responsible for periodically reviewing the Organizational Chart and updating the Organizational Chart with management changes and notifying the ISDH of any changes in the management positions for Administrator, Alternate Administrator, Director of Nursing and Alternate Director of Nursing. The Administrator will ensure the Agency complies with the policy requirements for Delegation of Responsibility by ensuring the documents are signed and maintained with the Agency Operational Policy Manual. These documents define in policy "Administrator Backup" and "Director of Nursing Backup". The Administrator will be responsible for on-going compliance with N440. The effective date of the plan of correction is 03/28/2014.</p>	
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	<p>[Name of Employee F] and Scheduling Supervisor [Name of Employee E], Licensed Practical Nurses (LPN) and Home Health Aides. On 02/24/14 at 10:20 AM the Administrator indicated the agency did not have LPN as staff.</p> <p>6. A box in the lower right hand corner of the organizational chart stated "In the Absence of the Administrator of Home Health Care, the director of Nursing of Home Health Care Will Assume the Responsibility of the Administrator." ISDH documentation failed to evidenced the Director of Nursing as the alternate Administrator.</p> <p>7. Employee F, Office Manager, and Employee E, Scheduler, indicated on 02/25/14 at 2:55 PM they would report to the Administrator first, then the Director of Nursing. Employee E and F did not recognize Employee J, Registered Nurse, as the Alternate for the Administrator or the Director of Nursing. Employee E and F indicated Employee J was a new employee and was "just one of the field nurses."</p> <p>8. The Director of Nursing indicated on 02/25/14 at 3:00 PM she was hired on January 27, 2014.</p> <p>9. The Administrator indicated on</p>			

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	<p>02/26/14 at 4:20 PM one of the registered nurses will be the alternate administrator. The Administrator also indicated Employee E, Bookkeeper, was her "fall back" for the office.</p> <p>10. An undated policy titled "Organizational Chart" dated 08/22/11 indicated "Organizational charts will be used to define relationships and lines of authority within the organization. These lines of authority will include all clinical positions down to the patient. Organizational charts will be distributed as part of orientation to ensure personnel understand the organization's reporting structure. The organizational chart will be reviewed, revised and dated as changes occur."</p>				

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N000442	<p>410 IAC 17-12-1(b) Home health agency administration/management Rule 12 Sec. 1(b) A governing body, or designated person(s) so functioning, shall assume full legal authority and responsibility for the operation of the home health agency. The governing body shall do the following: (1) Appoint a qualified administrator. (2) Adopt and periodically review written bylaws or an acceptable equivalent. (3) Oversee the management and fiscal affairs of the home health agency.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure the governing body adopted, oversaw, and periodically reviewed written bylaws or an acceptable equivalent and oversaw the management and fiscal affairs of the agency creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During the entrance conference with the Administrator on 02/24/14 at 10:20 AM, the Administrator was unable to identify how the agency or governing body managed the fiscal affairs of the agency. The Administrator indicated Employee A, a Home Health Aide, was the Chief Executive Officer of the agency. 2. On 02/24/14 at 01:30 PM, the 	N000442	<p>The Governing Body is meeting weekly at this time to address the identified areas of non-compliance. The Governing Body will meet, at a minimum, on a semi-annual basis going forward. a. The Governing Body appointed Employee A, Marvin Finney, as Agency CEO b. The Governing Body has adopted by-laws effective 03/03/2014. c. The Governing Body has prepared and approved an Agency Budget effective 03/22/2014. d. The Governing Body has approved the implementation of monthly financial reports to be developed and reviewed by the Agency Administrator and CEO on a monthly basis. The Administrator will be responsible for ensuring compliance with N442. The effective date of the plan of correction is 03/24/2014.</p>	03/24/2014			

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	<p>Administrator indicated she did not have the 2012 and 2013 Governing body bylaws and meeting minutes. The Administrator indicated a former Director of Nursing had taken the information when she had left the agency.</p> <p>3. The governing body binder on 02/24/14 at 2:10 PM did not evidenced a meeting had been held since 2012.</p> <p>4. Employee A indicated on 02/24/14 at 3:30 PM that he and the Administrator would meet weekly to discuss the agency but did not keep notes or minutes. Employee A indicated the agency attempted to stay within financial constraints, fit payroll structure around revenues weekly, and meeting with the Administrator was "unofficial."</p> <p>5. A policy titled "Financial Management and Control" dated 08/22/11 stated "Purpose was to assist the organization in the provision of operational feedback to management and the Governing Body, Financial and operational tools and reports will be utilized to facilitate financial oversight and appropriation of sufficient funds to maintain organization operations ... "</p>				

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N000444	<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 observation, record and policy review, and interview, the Administrator failed to be knowledgeable in order to organize and direct the agency's everyday functions, the group of professional personnel, and the staff creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <p>1. The administrator failed to ensure personnel records contained documentation that identified staff were qualified and contained the required items.</p> <p>A. Personnel record A, date of hire unknown and first patient contact 04/02/03, evidenced the employee's home health aide certification expired in 2012. The record also contained an expired</p>	N000444	<p>1. The Governing Body of the agency has replaced Valorie Cowan as Agency Administrator. The Governing Body has approved Kim Goodrich, RN as the new Administrator. The new Administrator has implemented a 100% review of all personnel files. The personnel files audit was completed on 03/22/2014.</p> <p>a. Employee A no longer function as a home health aide for the agency. Employee A has been appointed Agency CEO by the Governing body b. The Governing Body removed the CPR requirement from Agency policy. c. All home health aide personnel files have been audited and the audit evidences all aides are active and in good standing on the aide registry. d. All agency personnel have received their annual performance evaluations. e. Employee MM (RN Visit Nurse) has updated her RN license and is in good standing with the Professional Licensing Agency.</p>	03/22/2014			

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	<p>cardiopulmonary resuscitation (CPR) certification. The file failed to evidence a yearly evaluation for 2013 and documentation of the required 12 hour home health aide (HHA) yearly inservices for 2013. Employee A was currently providing home health aide services to patient number 2.</p> <p>B. Personnel record O, date of hire 10/24/11 and first patient contact 10/31/11, failed to evidence the employee was on the state aide registry, a current CPR certification, a yearly evaluation for 2013, and documentation of the required 12 hour HHA yearly inservices for 2013. Employee O was currently providing care to patient number 5.</p> <p>C. Personnel record MM, a registered nurse (RN), date of hire 07/22/13, failed to evidence renewal of licensure after 10/31/13. Employee MM was currently providing care to patient number 1.</p> <p>D. The Administrator indicated on 02/24/14 at 10:20 AM that there had been a number of other personnel to whom she had delegated responsibility for maintaining personnel files and keeping them up to date.</p> <p>E. A policy titled "Cardiopulmonary Resuscitation" dated 08/22/11 stated "All</p>		<p>2. Regarding OASIS transmissions: a. An investigation of clinical record accuracy and OASIS submission accuracy was conducted. Following the investigation by the Administrator and Consultant, and a determination that the EMR system was creating problems for OASIS submission accuracy, the Governing Body developed a quality initiative that involves transferring patients from the EMR (electronic medical record) to a 100% paper record system. 100% of the patients' of the Agency will receive a paper discharge and readmission process with a letter of explanation. All physicians have been notified of the process via written letter. There will be no disruption in patient service. A letter of explanation has been attached to every discharged file. This includes the clinical records identified in the statement of deficiencies (Clinical records #1, 2, 4, 5, 6, 8, 10). b. the Agency will insure this deficiency does not recur with the implementation of a tracking system to track due dates for OASIS completion and accuracy at all regulated time points. c. The Administrator will be responsible for ensuring on-going compliance with N444. Effective date of correction is 03/22/2014. 3. The Governing Body has replaced Valorie Cowan as Agency Administrator. A new Administrator and Director of</p>				

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	<p>clinical personnel will be CPR certified in accordance with the American Heart Association's guidelines for Basic Life Support upon hire and as directed thereafter by the American Heart Association ... "</p> <p>2. Regarding OASIS transmissions.</p> <p>A. Indiana State Department of Health (ISDH) documents evidenced 3 recertification, for January, March, and July 2014, and one other follow up. December 2013, assessments had been transmitted for patient #1. The patient's start of care was 3/15/2012. There had been no other assessments transmitted. The transmissions January assessment was not submitted until March, 2013. The March assessment was not submitted until May, 2013. The December assessment was not submitted until February, 2014.</p> <p>B. ISDH documents evidenced a start of care (SOC) and a recertification assessment had been submitted for patient #2. The SOC was 4/11/13. No other assessments had been submitted.</p> <p>C. ISDH documents evidenced a SOC and a recertification assessment had been submitted for patient #4. The SOC was 5/23/13. No other assessments had been</p>		<p>Nursing have been appointed by the Governing Body. During hours of operation the Administrator or designated back up and the Director of Nursing or designated back up will be available at all times. a. The nurse (MM) as resigned her position with Valco Healthcare Services INC, effective 03/17/2014. With the resignation of this employee the Agency will be unable to meet the patient's needs due to staffing shortages. The Agency will provide a list of home health agencies and assist the patient and family with transition to a new agency. b. All nurses will be in-serviced on the necessity of physician orders for all aspects of patient care and the necessity to provide care in compliance with the medical Plan of Care. The in-service date is 3/31/2014 i. The Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate care provision in compliance with physician orders. The 100% audit will continue quarterly until the agency is able to sustain a threshold of greater than 80% compliance over a 6 month time frame. c. All clinicians will attend an infection control in-service that addresses hand washing (home health aides and nurses) and bag technique for nurses. d. To prevent the recurrence of this deficiency all clinicians will complete a hand washing and</p>				

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	<p>submitted.</p> <p>D. ISDH documents evidenced a 2 SOC assessments, a transfer, a resumption of care (ROC), and a discharge assessment had been submitted for patient #5. The SOC's were 6/7 and 10/4/13. No discharge was completed for the first episode. The discharge was completed for the same day as the second SOC.</p> <p>E. ISDH documents evidenced a SOC and 2 recertification assessments had been submitted for patient #6. The SOC was 4/1/13. The recertification assessments were for May and August. No other assessments had been submitted.</p> <p>F. ISDH documents evidenced 2 SOC and 2 discharge assessments had been submitted for patient #8.</p> <p>G. ISDH documents evidenced a SOC and a recertification assessment had been submitted for patient #10. The SOC was 7/15/13. No other assessments had been submitted.</p> <p>3. The administrator failed to supervise and provide oversight for staff. A home visit was made to patient #1 on 2/25/14 at 9:00 AM. The nurse, employee MM, was observed providing suctioning the</p>		<p>bag technique competency e. RN Case Managers will observe LPNs and home health aides during supervisory visits to evaluate compliance with infection control process. f. Annually the DON will make a field supervisory visit of all RN Case Managers to evaluate compliance with infection control processes. g. The DON is responsible for ensuring on-going compliance with this state rule. 4. Valorie Cowan has been replaced as the Agency administrator. As a part of the Agency General In-service, the Administrator will review the employee's responsibilities in ensuring the privacy of their patients. Completed on 4/16/14 via handout and post test. a. RN Case Managers will evaluate that all employees provide care to their patients ensuring the patient's right to privacy is protected. This will be evaluated under #10 of the Home Health Aide Supervisory Visit Form (Treats client and caregiver with respect). 5. Kim Goodrich, RN Administrator is experienced with accessing the qtso web site to enter OASIS information and access OBQI reports. a. The Administrator or designee will be responsible for entering the OASIS data into the HAVEN system in compliance with federal regulations. b. The Administrator or designee will access appropriate OBQI/OBQM reports</p>		

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	<p>patient's tracheostomy and in and out straight catheterization. The plan of care for patient #1 dated 12/30/13 to 2/27/14 failed to evidence physician orders for the tracheostomy suctioning and in and out catheterization.</p> <p>4. During a home visit to patient # 2 on 2/26/14 at 9 AM, the administrator came to the patient's wearing pajamas. Without asking permission to enter, she entered the bathroom and placed a name badge on Employee A who was drying the patient off after showering.</p> <p>5. The administrator was unable to access clinical records with plans of care in the computer system on 2/24/14 at 11:30 AM. She indicated she does not know the program and the agency has had the system for 2 months. On 2/26/14 at 11:15 AM, the administrator indicated that she was just learning how to do OASIS on the computer. Other employees could access the information in the new program.</p> <p>The administrator indicated she could not access any of the patient information from the previous computer program the agency was using because the company who had the previous program would not give the information to her as there was an outstanding bill. She was unable to</p>		<p>to evaluate Agency compliance with submission, outcomes, and potentially avoidable events. c. The Administrator will be responsible for the OASIS submission requirements. (The Agency CEO has the contract documents for the Aegis EMR System that verifies the system will maintain the patient confidentiality of PHI) 6. All complaints will be investigated and resolved by the DON and Administrator. The Agency has created a new complaint form and tracking process. a. Complaint investigations will be tracked and reported through the quarterly QAPI meetings, PAG meetings, and to the Governing Body. b. The administrator is responsible for ensuring compliance with this rule. 7. Agency Administrator and Consultant reviewed all contracts with the CEO. Only two contracts remain active: Bookkeeper/HR Consultant and Brown Home Health & Hospice Consulting Service Agreement. a. Contract addendums will be written and/or revised and obtained on all current contract employees (Employee D & Agency Consultant) by 03/22/2014. All old contracts will be terminated). b. The contract with employee DD, a Physical Therapist, was terminated as the employee does not provide service for the agency. c. The "Written Agreement for Home</p>		

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	<p>provide a contract with the former software company that would include the safeguarding of the patient information in that program.</p> <p>6. The administrator failed to ensure grievances were investigated. When questioned about this on 2/24/14 at 10:20 AM, she indicated the bookkeeper assists her in investigating complaints. On 2/26/14 at 5:15, the administrator indicated the agency didn't have any complaints and provided a book which listed the 2005 complaint. Employee A said there was another book, but the administrator indicated she did not know anything about it. The complaint log evidenced the last complaint was filed in 2005. on 2/27/14 at 10 AM, seven pieces of paper were observed laying on the conference table. When reviewed, the papers evidenced complaints that had been filed at the agency. There had been no investigation or resolution to these complaints. The complaint dated 9/7/13 was called in by a caregiver that said the aide had left the patient alone almost 2 hours. A complaint dated 9/9/13 was called in by the same caregiver indicating the aide was leaving her in bed and not cleaning the patient or changing the patient's clothes. On 10/6/13, a complaint was filed by a patient complaining about the aide.</p>		<p>Care Services" for employee DD has been terminated. The therapist does not provide any services for the Agency. d. To ensure on-going compliance all contracts will be logged, including the date of execution and the end of the contract term. All contracts will be maintained in a secure central file for ease of access. Prior to the end of each contract's term, the contract will be reviewed by the HR Coordinator and Agency CEO. Contracts will be revised or terminated based upon the assessment of the HR Coordinator, the Agency CEO, Agency Administrator, and the advice of counsel. e. The Agency CEO is responsible for ensuring on-going contract compliance. f. The administrator and Director of Nursing position has been replaced with Kim Goodrich, RN effective 03/17/2014. The Governing Body also appointed a new Alternate Administrator Jamie Denny and the Alternate Director of Nursing position is pending. The Agency is actively recruiting and interviewing candidates for the position. 8. The Governing Body of the Agency has appointed a new Administrator/Director of Nursing. The patient roster will be listed on an Excel spreadsheet titled "Patient Tracking Form". This report will provide a definitive patient census; it will clearly identify the patients, the services the patient receives, the</p>		

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	<p>7. The administrator failed to ensure contracted employees had accurate contracts.</p> <p>A. Review of a "Consulting Services Agreement" with employee D, failed to include the necessity to conform to all applicable agency policies, including personnel qualifications, the manner in which services would be controlled, coordinated, and evaluated by the primary home health agency.</p> <p>B. Review of the personnel roster provided by the employee D, a bookkeeper, stated Employee X (a Consultant), Y (a Consultant), AA (an Occupational Therapist), BB (former software company), CC (a Physical Therapist), EE (current software company), and FF (Social Worker) were contracted employees.</p> <p>The agency failed to evidenced a "Written Agreement for Home Care Services" contract which would include Patients are accepted for care only by the primary HHA; The services to be furnished; The necessity to conform to all applicable agency policies; including personnel qualifications; the responsibility for participating in developing plans of care; The manner in</p>		<p>start-of-care date, etc. The Administrator/Director of Nursing will be responsible for ensuring the accuracy of the Patient Tracking Log. a. The newly approved Organizational Chart evidences therapy reporting directly to the Director of Nursing. The Director of Nursing is responsible for the supervision of therapy services. b. The Governing body ha approved a policy that outlines the process for making corrections to the clinical record. c. The Governing Body has prepared and approved an Agency Budget effective 03/22/2014. d. The governing Body has approved the implementation of monthly financial reports to be developed and reviewed by the agency Administrator and CEO on a monthly basis. e. The Director of Nursing provides direction and oversight of the Home Health Aide In-Service Program. f. The governing Body adopted a new Performance Improvement Plan that is directed and overseen by the Agency Administrator.The Agency has effectively addressed the concerns of the immediate jeopardy through the interventions identified in this plan of correction.i. New Agency Administrator/DON who is experienced in home health management.ii. Formal activation of the Governing Body role in directing the operations of the Agency.iii. Development of the</p>		

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	<p>which services will be controlled, coordinated, and evaluated by the primary HHA; the procedures for submitting clinical and progress notes; scheduling of visits; periodic patient evaluation; and the procedures for payment for services furnished under the contract.</p> <p>C. Review of a "Written Agreement for Home Care Services" with employee DD, a Physical Therapist, failed to evidenced a signature by the agency and a date of when the contract was signed.</p> <p>D. The Administrator indicated on 02/24/14 at 10:20 AM during the entrance conference that the agency did not have any contracted employees with exception to the consultants.</p> <p>E. The Administrator indicated on 02/26/14 at 3:30 PM she misunderstood the question at the entrance conference and requested the assistance of Employee D to locate the employee contracts. Employee D was not able to locate the contracts. The Administrator indicated Employee A managed the contracts and they were kept in his office.</p> <p>F. Employee A indicated on 02/26/14 at 4:00 PM that the agency had an oral agreement with the consultants and was unable to locate the contracts with the</p>		<p>Organizational Chart.iv. Accurate identification of the Agency's patient census.v. Implementation of the "Paper Discharge" and "Readmission" process to obtain accurate assessments, physician orders, provide correct guidance to all clinicians.vi. Completion and Submission of OASIS assessments to the Haven System.vii. Removal of terminated contracts. viii. Audit and update of the Human Resource Files to include all the required elements.The Agency Administrator will be responsible for ensuring ongoing compliance with N444.The effective date of the Plan of Correction is 03/22/2014.</p>				

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	<p>software company and with the therapy agency who provided physical therapy services.</p> <p>8. The administrator was unable to provide accurate information about the agency. On 2/14/14 at 10:20 AM, the administrator was unable to identify who the governing body was, indicated they had no contracted employees and no Licensed Practical Nurses, Employee H was the alternate administrator and alternate director of nursing, was unable to identify whether they shared patients with another agency, indicated the agency follows CHAP's regulations for inservices, indicated there was no supervision of therapy, could not identify how to make corrections to the clinical record as they were just learning, the agency reviews a number of records every 3 months, and wasn't able to identify her role in a budget and accounting system (she's the owner).</p> <p>On 2/15/14 at 1:30 PM, the administrator was requested to provide the number of patients for each service provided. She indicated the census was 59. The census printed out on 2/14/14 indicated the census was 44.</p>			
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	<p>The agency failed to produce evidence that immediate and appropriate action was taken to ensure that a process was put in place to provide adequate administrative oversight to safely provide services to patients of the facility. The agency was notified on 2/28/14 at 3:30 PM that it was determined the health and safety of the patients was in immediate jeopardy.</p> <p>This deficient practice had the potential for harm to any agency patient. The cumulative effect of these systemic practices resulted in the agency's inability to ensure that facility patients received safe care.</p> <p>Agency census was 44 patients.</p>			
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N000446	<p>410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3)</p> <p>Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. Based on personnel record and policy review and interview, the Administrator failed to ensure personnel received adequate staff education and yearly evaluations creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Personnel record A, date of hire unknown and first patient contact 04/02/03, failed to evidenced a current CPR, a yearly evaluation, and the 12 hour HHA yearly inservices for 2013. Personnel record C, date of hire 04/21/12 and first patient contact 04/30/12, failed to evidenced a current CPR, yearly evaluation, and the yearly 12 hour HHA yearly inservices for 2013. Personnel record G, date of hire 01/16/12 and first patient contact 01/18/12, failed to evidenced a current CPR and a yearly evaluation for 2013. 	N000446	The HR Coordinator and Agency Administrator have completed a 100% audit of the Agency Personnel files. The following corrections were made: home health aide in-services were completed for 2013 and initiated for 2014 to ensure the home health aides met the required 12 hours of annual in-service rule, the Governing Body deleted the CPR requirement from agency policy, and annual performance evaluations were completed.1. Employee A's home health aide status has been deactivated. The individual will no longer provide home health aide services for the Agency. Employee A has been appointed as Agency CEO by the Agency Governing Body.2. Employees C, K, M, O, & P have successfully completed the 12 hours of annual in-service requirement for 2013.3. Employees A, C, G, K, L, M, O, P, & Q have annual performance appraisal evaluations completed. The employee files will be audited on a quarterly basis to ensure the files remain current	03/22/2014	

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	<p>4. Personnel record K, date of hire 05/23/05 and first patient contact 05/28/05, failed to evidenced a current CPR, a yearly evaluation, and the 12 hour HHA yearly inservices for 2013.</p> <p>5. Personnel record L, date of hire 03/10/12 and first patient contact 03/12/12, failed to evidenced a yearly evaluation for 2013.</p> <p>6. Personnel record M, date of hire 05/21/12 and first patient contact 05/30/12, failed to evidenced a current CPR, yearly evaluation, and the 12 hour HHA yearly inservices for 2013.</p> <p>7. Personnel record O, date of hire 10/24/11 and first patient contact 10/31/11, failed to evidenced a current CPR, yearly evaluation, and the yearly 12 hour HHA yearly inservices for 2013.</p> <p>8. Personnel record P, date of hire 08/27/12 and first patient contact 09/03/12, failed to evidenced a current CPR, yearly evaluation, and the yearly 12 hour HHA yearly inservices for 2013.</p> <p>9. Personnel record Q, date of hire 03/12/12 and first patient contact 03/12/12, failed to evidenced a current CPR and a yearly evaluation for 2013.</p>		and accurate by the HR Coordinator of designee. The Agency Administrator is responsible for ensuring ongoing compliance with N446The effective date of the plan of correction is 03/22/2014.		

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	<p>10. A policy titled "Competency Program" dated 08/22/11 stated "The organization will establish and annually re-evaluate its job specific Competency Based Orientation Checklist which reflects duties commonly required in the performance of patient contact positions ... After the completion of orientation, competency will be monitored annually thereafter as part of the annual performance evaluation process ... "</p> <p>11. A policy titled "Performance Evaluations" dated 08/22/11 stated "Performance evaluations will be completed and dated on all personnel as follows: ... Annually, based on personnel's annual evaluation date, after a promotion and / or transfer ... At least annually, clinical personnel must demonstrate proficiencies in the appropriate core competency ... "</p> <p>12. A policy titled "Home Health Aide Training" dated 08/08/11 stated "The organization will provide performance reviews at least annually and inservice education to ensure competence of home health aides ... The organization will offer 12 hours of inservice training annually ... "</p> <p>13. A policy titled "Cardiopulmonary Resuscitation" dated 08/22/11 stated "All</p>			

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	clinical personnel will be CPR certified in accordance with the American Heart Association's guidelines for Basic Life Support upon hire and as directed thereafter by the American Heart Association ... "			

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N000448	<p>410 IAC 17-12-1(c)(5) Home health agency administration/management Rule 12 Sec. 1(c)(5) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (5) Implement a budgeting and accounting system.</p> <p>Based on agency policy review and interview, the Administrator failed to implement an effective budgeting and accounting system creating the potential to affect all the agency's 44 current patients.</p> <p>Finding include:</p> <ol style="list-style-type: none"> 1. Employee A, Home Health Aide / Chief Executive Officer, indicated on 02/24/14 at 3:30 PM that he and the Administrator would meet weekly to discuss the agency's budget. Employee A indicated the agency attempted to stay within financial constraints, fit payroll structure around revenues weekly, and meeting with the Administrator was "unofficial." 2. A policy titled "Financial Reports" dated 08/22/11 stated "Valco Healthcare will maintain and utilize a management information system to generate key financial reports on a monthly basis. Monthly financial reports will include 	N000448	<p>The Governing Body has approved a Budget and a Monthly Financial Operations Reporting Process. The Administrator and CEO maintain these documents in the Administrative Binder. The Administrator and the Agency CEO will meet monthly to evaluate Agency financial status. The Administrator is responsible for reporting the budget and financial operations reports to the Governing Body. The Administrator will be responsible for ensuring compliance with N448. The effective date of the plan of correction is 03/22/2014</p>	04/22/2014			

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N000451	<p>key financial ratios and will directly compare revenue and expense line items ... "</p> <p>410 IAC 17-12-1(c)(8) Home health agency administration/management Rule 12 Sec. 1(c)(8) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (8) Ensure that a qualified person is authorized in writing to act in the administrator's absence.</p> <p>Based on ISDH document review and agency document review, the Administrator failed to ensure a qualified person was authorized in writing to act in the absence of the administrator creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <p>Agency document review failed to evidenced a qualified person had been authorized in writing to act as the alternate Administrator. Documents submitted to ISDH failed to evidenced the candidate for alternate Administrator, employee I, was qualified.</p>	N000451	The Governing Body met on 03/03/2014 and appointed Jamie Denny Alternate Administrator. The ISDH was notified and approved the individual appointed to the position of Alternate Administrator. The Administrator is responsible for ensuring compliance with N451 The effective date of the plan of correction is 03/22/2014.	03/22/2014			

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N000456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on agency policy and document review and interview, the administrator failed to ensure there was an ongoing quality assurance program that monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <p>1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since 2012 or established a quality assurance program to monitor and evaluate patient care, resolve identified problems, and improve patient care.</p> <p>2. A list of Professional Advisory Committee was attached to the policy stating the Administrator was the Owner / CEO (Chief Executive Officer),</p>	N000456	<p>The Agency Administrator developed the Agency's Quality Assurance Performance Improvement (QAPI) measures based on a comprehensive QAPI Plan. For the year 2014 the Agency will monitor the following measures: Complaints, Incidents, Adverse Events, Falls, and Infections, plus 2 indicators based on the most recent survey outcomes and include the audit of clinical record documentation and the audit of personnel files. The Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate care provision in compliance with physician orders. The 100% audit will continue quarterly until the agency is able to sustain a threshold of greater than 80% compliance over a 6 month time frame. Thereafter the Agency will continue the Quarterly Clinical Record Audits of 20% of the active patients to evaluate care provision in compliance with physician orders. The Agency</p>	03/22/2014
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	<p>Employee A was the Executive Director, a former employee who was a Registered Nurse was the Administrator, and another Registered Nurse was the Director of Nursing.</p> <p>3. On February 24, 2014, at 1:30 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned and had taken the information with her.</p> <p>4. The agency policy titled "Home Health Annual Evaluation" dated of 08/22/11 stated, the purpose "To insure the home health annual evaluation methodology is compliant with the Medicare Conditions of Participation. The home health organization will conduct an annual evaluation as described in [Annual Organization Evaluation]. Minutes of the Professional Advisory Committee will reflect that a review of services, programs, and policies was completed." (This was the entire policy)</p> <p>The Annual Organization Evaluation Policy was not located in the Policy Book. Professional advisory board had not completed a review of the agency or</p>		<p>will conduct quarterly audits of the personnel files of 100% of the active employee roster until the agency is able to sustain a threshold of greater than 80% compliance with personnel standards and agency policy over a 6 month time frame. Thereafter the Agency will continue to conduct the quarterly audits of the personnel files of 20% of the active employee roster on a quarterly basis. · All complaints will be investigated and resolved by the Agency Administrator. The resolution will be communicated to the individual filing the complaint. · The complaints will be tracked in a Complaint Tracking Log and reported to the Quality Assurance Committee members, the Professional Advisory Group, and the Governing Body by the Agency Administrator. · All infections are to be documented on the Infection Report Form and tracked on the Infection Control Tracking Log. The number and type of infections will be reported to the Quality Assurance Committee members, the Professional Advisory Group and the Governing Body by the Agency Administrator. · Agency field staff is instructed to report all attended and unattended falls. Patients are given a General Information Handbook at time of admission that contains information to increase the patient's safety in the home</p>		

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	<p>met with all the members present.</p> <p>5. A policy titled "Professional Advisory Committee" dated 08/22/11 stated "This committee will meet annually, or more often as needed, and minutes of each meeting will be recorded ... Responsibilities of the Professional Advisory Committee include: The committee will establish and annually review policies and procedures governing the scope of services provided ... "</p> <p>The agency documents failed to evidence a meeting and update of the committee members since 2012.</p>		<p>environment. The Admission RN is to review safety risks and measures to prevent falls at time of admission and as needed. The number of falls, attended/unattended, and falls resulting in injury will be investigated by the Agency Administrator and reported to the Quality Assurance Committee members, the Professional Advisory Group, and the Governing Body by the Agency Administrator. Incident Reports will be completed and investigated by the Agency Administrator and include falls, occupational exposures, medication errors, and any other incident involving either agency patients and/or employees. Incidents will be investigated by the Agency Administrator and reported to the Quality Assurance Committee members, the Professional Advisory Group, and the Governing Body by the Agency Administrator. The logs of the complaints, incidents, falls, infections, and adverse events will be evaluated by the Quality Assurance Committee to identify trends and any Agency process or education deficit that can be addressed to improve the quality of care provided by the Agency. The Agency Annual Program Evaluation will be based on a review of all Agency processes including clinical, human resource, administration, financial, and business aspects of</p>	

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NAME OF PROVIDER OR SUPPLIER VALCO HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E 86TH ST, ,SUITE 55-B INDIANAPOLIS, IN 46240
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			<p>agency operations. It will also include a review of all agency policies. The Governing Body has appointed members to the Professional Advisory Group. The first meeting is scheduled for 03/20/14 and will include a review of the "Immediate Jeopardy" findings, the Plan of Correction, progress made, and recommendations for process improvement. The Professional Advisory Group will meet annually every calendar year. The Annual Organization Evaluation cannot be completed for 2012 as all of the data is missing for calendar year 2012 and 2013. The Agency will conduct an abbreviated Annual Program Evaluation for 2013 that will focus on agency policy review, financial outcomes, and review of administration and human resources. The clinical data related to outcomes, falls, adverse events, etc., is missing and cannot be reconstructed. The Governing Body has approved a comprehensive Performance Improvement Plan for 2014 that will include monitoring of the following measures: Complaints, Incidents, Adverse Events, Falls, and Infections, plus 2 indicators based on the most recent survey outcomes and include the audit of clinical record documentation and the audit of personnel files. This program will also include monitoring and tracking of agency</p>	

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			financial status. The collection of this data will provide agency management personnel the required information to complete an Annual Agency Evaluation for 2014. The Agency Administrator is responsible for ensuring compliance with N456. The effective date of the Plan of Correction is 03/22/2014.	

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N000458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on personnel record and policy review and interview, the agency failed to ensure personnel records included documentation of registration of home health aides for 13 of 20 home health aide records reviewed and an annual evaluation for 20 of 20 home health aide records reviewed of aides employed greater than one year. (A, C, D, J, L, M, O, Q, R, S, T, U, V, W, GG, HH, II, JJ, KK, and LL)</p> <p>Findings include:</p> <p>1. Personnel file A, date of hire unknown, failed to evidence the individual had an annual performance review for 2013.</p>	N000458	<p>The following employees (A, C, D, J, L, M, O, Q, R, S, T, U, V, W, GG, HH, II, JJ, KK, LL), have all received their annual performance evaluations from the Director of Nursing and HR Coordinator.</p> <p>The following home health aides have updated their registry status with the Home Health Aide Registry at the Indiana State Department of Health: D, R, S, T, U, V, W, GG, HH, II, KK, & LL. Employee A has been appointed by the Governing Body to the position of Agency CEO and will not be working as a home health aide.</p> <p>The Agency has implemented a comprehensive audit process to</p>	03/22/2014			

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	<p>2. Personnel file C, date of hire 04/21/12, had been hired to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013.</p> <p>3. Personnel file D, date of hire 10/24/11, had been hired to provide aide services on behalf of the agency. The file failed to evidenced the individual had an annual performance review for 2013. The file also failed to evidence the employee was a registered home health aide.</p> <p>4. Personnel file J date of hire 05/23/05 had been hired to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013.</p> <p>5. Personnel file L had been hired on 03/10/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013.</p> <p>6. Personnel file M had been hired on 05/21/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013.</p>		<p>monitor the personnel files to ensure employees meet and the personnel files evidence the Agency is in compliance with N458.</p> <p>The Agency will conduct quarterly audits of the personnel files of 100% of the active employee roster until the agency is able to sustain a threshold of greater than 80% compliance with human resource standards and agency policy over a 6 month time frame. Thereafter the Agency will continue to conduct the quarterly audits of the personnel files of 20% of the active employee roster on a quarterly basis.</p> <p>The Agency Administrator is responsible for ensuring on-going compliance with N458.</p> <p>The effective date of the Plan of Correction is 03/22/14.</p>				

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	<p>7. Personnel file O had been hired on 10/24/11 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013.</p> <p>8. Personnel file Q had been hired on 03/12/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013.</p> <p>9. Personnel file R had been hired on 11/10/09 to provide aide services on behalf of the agency. The file failed to evidenced the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>10. Personnel file S had been hired on 06/02/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>11. Personnel file T had been hired on 07/02/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was</p>				

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	<p>a registered home health aide.</p> <p>12. Personnel file U had been hired on 04/03/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>13. Personnel file V had been hired on 04/22/13 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>14. Personnel file W had been hired on 11/05/12 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>15. Personnel file GG had been hired on 02/22/13 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p>			
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	<p>16. Personnel file HH had been hired on 12/01/10 to provide aide services on behalf of the agency. The file failed to evidence the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>17. Personnel file II had been hired on 01/07/13 to provide aide services on behalf of the agency. The file failed to evidenced the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>18. Personnel file JJ had been hired on 07/18/11 to provide aide services on behalf of the agency. The file failed to evidenced the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>19. Personnel file KK had been hired on 08/27/11 to provide aide services on behalf of the agency. The file failed to evidenced the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>20. Personnel file LL had been hired on 04/27/12 to provide aide services on</p>			

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	<p>behalf of the agency. The file failed to evidenced the individual had an annual performance review for 2013. The record also failed to evidence the employee was a registered home health aide.</p> <p>21. The Administrator indicated on 02/24/14 at 10:20 AM that there had been a number of other personnel to whom she had delegated responsibility for maintaining personnel files and keeping them up to date.</p> <p>22. A policy titled "Performance Evaluations" dated 08/22/11 stated "Performance evaluations will be completed (and dated) on all personnel ... Annually, based on personnel's annual evaluation date, after a promotion and/or transfer ...Performance evaluations will be documented on the applicable form, signed by the person completing the evaluation of the employee. The content of the evaluation will be discussed between the individual and the appropriate supervisor. At least annually, clinical personnel must demonstrate proficiencies in the appropriate core competency ... "</p>				

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N000470	<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 laws.</p> <p>Based on observation, agency policy review, and interview, the agency failed to ensure employees provided care in accordance with the agency's own infection control policies and procedures in 1 of 3 home visit observations completed creating the potential to affect all of the agency's 44 current patients. (#1)</p> <p>The findings include:</p> <p>1. The agency's policy titled "Standard Precautions" dated 08/22/11 stated, "Organization personnel will adhere to the following precautions and will instruct patients and family / caregivers in infection control precautions, as appropriate to the patient's care needs ... Under standard precautions, blood and certain body fluids of all patients are considered potentially infectious for blood borne pathogens, such as human immunodeficiency virus (HIV), and hepatitis B virus (HBV). Standard precautions apply to blood and other body fluids potentially containing blood or</p>	N000470	<p>The nurse (MM) has resigned her position with Valco Healthcare Services INC, effective 03/17/14. The patient transferred to services to another home health agency.</p> <ul style="list-style-type: none"> · All clinicians will attend an infection control in-service that addresses hand washing (home health aides and nurses) and bag-technique for nurses. · To prevent the recurrence of this deficiency all clinicians will complete a hand washing and bag-technique competency. · RN Case Managers will observe LPNs and home health aides during supervisory visits to evaluate compliance with infection control processes. · Annually the Director of Nursing or designee will make a field supervisory visit of all RN Case Managers to evaluate compliance with infection control processes. · The Director of Nursing is responsible for ensuring on-going 	03/22/2014
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	<p>bloodborne pathogens. These body fluids include: emesis, sputum, feces, urine ... "</p> <p>2. The agency's policy titled "Hand Hygiene" dated 08/05/11 stated, "Personnel providing care i the home setting will regularly wash their hands, per the most recently published CDC regulations and guidelines for hand hygiene in healthcare settings ... Hand decontamination using an alcohol-based hand rub should be performed ... Before donning sterile gloves when performing sterile procedures; before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices, after contact with a patient's intact skin, after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, if hands are not visibly contaminated, when moving from a contaminated body site to a clean body site during patient care, after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient, after removing gloves ... "</p> <p>3. The Centers for Disease Control "Standards Precautions" states, "IV. Standard Precautions . . . IV.A. Hand Hygiene. IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient</p>		<p>compliance with N470.</p> <p>The effective date of the Plan of Correction is 03/22/14.</p>		

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	<p>3. A home visit was made to patient number 1 on 02/24/14 at 9:00 AM with employee MM, a Registered Nurse (RN). During the home visit, Employee MM was observed providing trachea suctioning. Wearing the same gloves, Employee MM was observed providing an accu check, drawing up the insulin, and injecting it into the abdomen. Continuing to use the same gloves, employee MM was observed to cleanse the patient's meatus then insert a straight catheter. After the straight catheterization, the employee removed her gloves and washed her hands.</p> <p>a. During the home visit, the patient indicated he was hospitalized for a urinary tract infection and indicated it was "bad".</p> <p>b. In the patient's clinical record was a hospital note dated 08/12/13 that indicated the patient was admitted into the hospital for urinary tract infection and possibly urosepsis.</p> <p>c. A communication note dated 01/04/14 indicated the patient was seen in the emergency room for urinary tract infection symptoms and was returned home with an antibiotic of Keflex 500 mg (milligrams) by mouth 3 times a day for</p>			
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N000472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on agency policy and document review and interview, the agency failed to develop, implement, maintain, and evaluate a quality assessment and performance improvement program that reflected the complexity of the organization and services creating the potential to affect all of the agency's 44 current patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of agency documents failed to evidence the agency had completed an annual review of the agency since 2012 or established a quality assurance program to monitor and evaluate patient care, resolve identified problems, and improve patient care. 2. A list of Professional Advisory 	N000472	<p>The Agency Administrator developed the Agency's Quality Assurance Performance Improvement (QAPI) measures based on a comprehensive QAPI Plan. For the year 2014 the Agency will monitor the following measures: Complaints, Incidents, Adverse Events, Falls, and Infections, plus 2 indicators based on the most recent survey outcomes and include the audit of clinical record documentation and the audit of personnel files.</p> <p>The Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate care provision in compliance with physician orders. The 100% audit will continue quarterly until the agency is able to sustain a threshold of greater than 80% compliance over a 6 month</p>	03/22/2014			

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	<p>Committee was attached to the policy stating the Administrator was the Owner / CEO (Chief Executive Officer), Employee A was the Executive Director, a former employee who was a Registered Nurse was the Administrator, and another Registered Nurse was the Director of Nursing.</p> <p>3. On February 24, 2014, at 1:30 PM, the administrator indicated the program had not been maintained or evaluated annually. The administrator indicated that this task had been delegated to another employee, a registered nurse, who had resigned and had taken the information with her.</p> <p>4. The agency policy titled "Home Health Annual Evaluation" dated of 08/22/11 stated, the purpose "To insure the home health annual evaluation methodology is compliant with the Medicare Conditions of Participation. The home health organization will conduct an annual evaluation as described in [Annual Organization Evaluation]. Minutes of the Professional Advisory Committee will reflect that a review of services, programs, and policies was completed." (This was the entire policy)</p> <p>The Annual Organization Evaluation</p>		<p>time frame. Thereafter the Agency will continue the Quarterly Clinical Record Audits of 20% of the active patients to evaluate care provision in compliance with physician orders.</p> <ul style="list-style-type: none"> · The Agency will conduct quarterly audits of the personnel files of 100% of the active employee roster until the agency is able to sustain a threshold of greater than 80% compliance with personnel standards and agency policy over a 6 month time frame. Thereafter the Agency will continue to conduct the quarterly audits of the personnel files of 20% of the active employee roster on a quarterly basis. · All complaints will be investigated and resolved by the Agency Administrator. The resolution will be communicated to the individual filing the complaint. · The complaints will be tracked in a Complaint Tracking Log and reported to the Quality Assurance Committee members, the Professional Advisory Group, and the Governing Body by the Agency Administrator. · All infections are to be documented on the Infection Report Form and tracked on the Infection Control Tracking Log. The number and type of infections will be reported to the Quality Assurance Committee members, the 	

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NAME OF PROVIDER OR SUPPLIER VALCO HEALTHCARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E 86TH ST, ,SUITE 55-B INDIANAPOLIS, IN 46240		
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	<p>Policy was not located in the Policy Book. Professional advisory board had not completed a review of the agency or met with all the members present.</p> <p>5. A policy titled "Professional Advisory Committee" dated 08/22/11 stated "This committee will meet annually, or more often as needed, and minutes of each meeting will be recorded ... Responsibilities of the Professional Advisory Committee include: The committee will establish and annually review policies and procedures governing the scope of services provided ... "</p> <p>The agency documents failed to evidence a meeting and update of the committee members since 2012.</p>		<p>Professional Advisory Group and the Governing Body by the Agency Administrator.</p> <ul style="list-style-type: none"> · Agency field staff has been instructed to report all attended and unattended falls. Patients are given a General Information Handbook at time of admission that contains information to increase the patient's safety in the home environment. The number of falls, attended/unattended, and falls resulting in injury will be investigated by the Agency Administrator and reported to the Quality Assurance Committee members, the Professional Advisory Group, and the Governing Body by the Agency Administrator. · Incident Reports will be completed and investigated by the Agency Administrator and include falls, occupational exposures, medication errors, and any other incident involving either agency patients and/or employees. Incidents will be investigated by the Agency Administrator and reported to the Quality Assurance Committee members, the Professional Advisory Group, and the Governing Body by the Agency Administrator. · The logs of the complaints, incidents, falls, infections, and adverse events will be evaluated by the Quality Assurance Committee to identify trends and any Agency 		

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			<p>process or education deficit that can be addressed to improve the quality of care provided by the Agency.</p> <p>The Agency Annual Program Evaluation will be based on a review of all Agency processes including clinical, human resource, administration, financial, and business aspects of agency operations. It will also include a review of all agency policies.</p> <p>The Governing Body has appointed members to the Professional Advisory Group. The first meeting was scheduled for 03/20/14 and included a review of the "Immediate Jeopardy" findings, the Plan of Correction, progress made, and recommendations for process improvement. The Professional Advisory Group will meet annually every calendar year.</p> <p>The Agency Administrator is responsible for ensuring compliance with N472.</p> <p>The effective date of the Plan of Correction is 03/22/14.</p>	

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N000478	<p>410 IAC 17-12-2(d) Q A and performance improvement Rule 12 Sec. 2(d) If personnel under contracts are used by the home health agency, there shall be a written contract between those personnel and the home health agency that specifies the following:</p> <p>(1) That patients are accepted for care only by the primary home health agency. (2) The services to be furnished. (3) The necessity to conform to all applicable home health agency policies including personnel qualifications. (4) The responsibility for participating in developing plans of care. (5) The manner in which services will be controlled, coordinated, and evaluated by the primary home health agency. (6) The procedures for submitting clinical notes, scheduling of visits, and conducting periodic patient evaluation. (7) The procedures for payment for services furnished under the contract.</p> <p>Based on personnel record, document, and policy review and interview, the agency failed to ensure contracted personnel have a written contract between those personnel and the agency in 9 of 9 contracted employee records creating the potential to affect of the agency's 44 current patients.</p> <p>Findings include:</p> <p>1. Review of a "Consulting Services Agreement" with employee D, failed to include the necessity to conform to all applicable agency policies, including</p>	N000478	<p>All contracts were audited by 03/22/14. Contract addendums were written and/or revised and obtained on all <u>current</u> contract employees (Employee D & Agency Consultant) by 03/22/14). All old contracts were terminated.</p> <p>The Contract Addendum will include the following items:</p> <p>1. While working for Valco Healthcare Services INC contract employee will provide care for patients of Valco Healthcare Services INC.</p>	03/22/2014			

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	<p>personnel qualifications, the manner in which services would be controlled, coordinated, and evaluated by the primary home health agency.</p> <p>2. Review of the personnel roster provided by the employee D, a bookkeeper, stated Employee X (a Consultant), Y (a Consultant), AA (an Occupational Therapist), BB (former software company), CC (a Physical Therapist), EE (current software company), and FF (Social Worker) were contracted employees.</p> <p>The agency failed to evidenced a "Written Agreement for Home Care Services" contract which would include Patients are accepted for care only by the primary HHA; The services to be furnished; The necessity to conform to all applicable agency policies; including personnel qualifications; the responsibility for participating in developing plans of care; The manner in which services will be controlled, coordinated, and evaluated by the primary HHA; the procedures for submitting clinical and progress notes; scheduling of visits; periodic patient evaluation; and the procedures for payment for services furnished under the contract.</p> <p>3. Review of a "Written Agreement for</p>		<p>2. The contract employee will provide the services as ordered by the patient's physician.</p> <p>3. The contract employee will comply with all applicable agency policies including personnel qualifications.</p> <p>4. The contract employee will participate in the development of plans of care as directed by the Agency and ordered by the patient's physician.</p> <p>5. Valco Healthcare Services INC will direct, schedule, coordinate and evaluate all services provided by the Agency. The contract employee will comply with all agency direction related to patient care including scheduling of visits and agency policies related to physician notification of assessment findings, participation in the development of the plan of care, notification of physician of any change in patient condition, supervisory visit responsibilities, and coordination of care requirements.</p> <p>6. The contract employee will follow agency policy for submission of all clinical and progress notes.</p> <p>7. The contract employee will follow agency policy and physician orders for scheduling of visits and periodic patient evaluations.</p>	

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	<p>Home Care Services" with employee DD, a Physical Therapist, failed to evidenced a signature by the agency and a date of when the contract was signed.</p> <p>4. The Administrator indicated on 02/24/14 at 10:20 AM during the entrance conference that the agency did not have any contracted employees with exception to the consultants.</p> <p>5. The Administrator indicated on 02/26/14 at 3:30 PM she misunderstood the question at the entrance conference and requested the assistance of Employee D to locate the employee contracts. Employee D was not able to locate the contracts. The Administrator indicated Employee A managed the contracts and they were kept in his office.</p> <p>5. Employee A indicated on 02/26/14 at 4:00 PM that the agency had an oral agreement with the consultants and was unable to locate the contracts with the software company and with the therapy agency who provided physical therapy services.</p>		<p>8. The contract employee will invoice Valco Healthcare Services INC for all services provided under contract. The contract employee will follow all agency procedures for submission of invoices.</p> <p>The following contracts have been terminated by the Agency: Contracts with employee X, Y, AA, BB, CC, DD, EE, and FF.</p> <p>To ensure on-going compliance all contracts will be logged, including the date of execution and the end of the contract term. All contracts will be maintained in a secure central file for ease of access. Prior to the end of each contract's term, the contract will be reviewed by the HR Coordinator and Agency CEO. Contracts will be revised or terminated based upon the assessment of the HR Coordinator, the Agency CEO and the advice of counsel.</p> <p>The HR Coordinator (Employee D) is the only contracted employee of the agency.</p> <p>This contract has been reviewed and updated to meet correct contract language. The contracted employee has been notified of the change and signed the addendum.</p> <p>The administrator position has been replaced with Kim Goodrich RN effective 03/17/14.</p>	

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			<p>The Agency CEO is responsible for ensuring on-going contract compliance and compliance with N478.</p> <p>The effective date of the Plan of Correction is 03/22/14.</p>	

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N000484	<p>410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. Based on clinical record and policy review, and interview, the agency failed to ensure all personnel furnishing services coordinated care effectively while services were being provided for 9 of 11 records reviewed creating the potential to affect all of the agency's patients that receive more than one service. (2, 3, 4, 5, 6, 7, 8, 9 and 11)</p> <p>Findings include:</p> <p>1. Clinical record 2, SOC (start of care) 01/03/14, evidenced the patient was receiving skilled nursing and home health aide services. The clinical record failed to evidence communication and / or coordination of care between the disciplines.</p> <p>2. Clinical record 3, SOC 02/01/14, evidenced the patient was receiving nursing, home health aide, and physical and occupational therapy. The clinical record failed to evidence coordination of services among the disciplines.</p>	N000484	<p>The Agency will hold bi-monthly interdisciplinary care coordination conferences. All patients will be discussed, at a minimum, at time of admission and at least one time every sixty days. A new form and format will be implemented.</p> <p>The form (Case Conference/Coordination of Care)and format of the meeting includes the following:</p> <ul style="list-style-type: none"> · <u>The purpose</u> of the Case Conference/Coordination of Care meeting; including the following: Case Conference, Telephone Contact, Care Coordination, Follow-Up, and Other. · <u>The participants</u>; including: the nurse, the MD, the PT, the OT, the HHA, other. · <u>Areas discussed</u>to include but not limited to the following: Admission Report, Care Planning, Safety, Home Environment, Medication Management, Discharge Planning, Risk of Re-Hospitalization, 	03/28/2014			

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	<p>3. Clinical record 4, SOC 05/23/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>4. Clinical record 5, SOC 10/04/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>5. Clinical record 6, SOC 04/01/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>6. Clinical record 7, SOC 08/01/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>7. Clinical record 8, SOC 07/09/13, evidenced the patient was receiving nursing, home health aide, and physical therapy services. The clinical record failed to evidence coordination of</p>		<p>Resumption of Care, Recertification, Interdisciplinary Referral, Wound Management, DME, etc.</p> <ul style="list-style-type: none"> · <u>Identification of Patient Concerns</u>, Health Problems, Functional Challenges and Barriers, and Safety issues · <u>Goals and Interventions</u> are established · <u>Patient Progress</u> towards goals and/or barriers to progress to reach goals is discussed. · <u>Follow-Up and Outcomes</u> are discussed as appropriate. <p>Following an audit of Agency clinical records the Governing Body determined that all patients would have to be discharged and readmitted to obtain accurate complete clinical assessments, complete and accurate physician orders for the provision of care, and documentation of coordination of care with other agency staff and with other health care providers.</p> <p>This process was completed on 03/24/14. The agency continues to accept referrals and admit patients implementing the revised assessment, documentation, and coordination of care processes.</p> <p>Following the readmission process care conferences were initiated and</p>		

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	<p>services among the disciplines.</p> <p>8. Clinical record 9, SOC 08/08/13, evidenced the patient was to receive nursing, home health aide, and therapy services. The clinical record failed to evidence coordination of services among the disciplines.</p> <p>9. Clinical record 11, SOC 02/10/13, evidenced the patient was receiving nursing, home health aide, and physical and occupational therapy services. The clinical record failed to evidence coordination of services among the disciplines.</p> <p>10. The Administrator and DoN indicated on 02/24/14 at 10:20 AM that there was not a system in place to monitor therapy services and also indicated "they do their own thing."</p> <p>11. A policy titled "Care / Service Coordination" dated 08/22/11 stated "Timely and ongoing communication is the responsibility of each team member and will be appropriate to the needs and abilities of the patient, and relevant to the care / service provided. The clinician / technician will be responsible for facilitating communications about changes in the patient's status among the assigned personnel ... "</p>		<p>documented on the Case Conference/Coordination of Care form or the Clinical Addendum forms. Case Conferences were initiated the week of 03/28/2014.</p> <p>RN Case Managers and Therapists were in-serviced on the purpose and documentation requirements of coordination of care and case conferencing.</p> <p>The Director of Nursing will utilize the "Patient Tracking Log" to identify agency patients and the services they are receiving to assist with tracking interdisciplinary patients.</p> <p>This process will be monitored through the quarterly clinical record audit process.</p> <p>The Director of Nursing is responsible for the on-going compliance with N484.</p> <p>The effective date of the plan of correction is 03/28/14.</p>		

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N000486	<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 clinical record and policy review, the agency failed to ensure the agency coordinated care with a dialysis facility furnishing services for 1 of 1 records reviewed of patients receiving services from another provider creating the potential to affect all of the agency's patients that receive care from another provider. (# 2)</p> <p>Findings include:</p> <p>1. Clinical record 2, SOC (start of care) 01/03/14, evidenced the patient was receiving dialysis three times a week and skilled nursing and home health aide services. The clinical record failed to evidenced communication and / or coordination of care with the dialysis facility.</p> <p>2. A policy titled "Coordination of Services With Other Providers" dated 08/22/11 stated "A Case Manager will be assigned to be responsible for coordinating services provided to the patient by the organization, including services provided directly and through contract. The Case Manager will act as</p>	N000486	<p>The RN or Therapy Case Manager will be responsible for coordination between service providers, which will include:</p> <p>a. Discussion of each entity's areas of responsibility for patient care.</p> <p>b. Discussion with the other organizations r/t significant changes in the patient's condition.</p> <p>c. Monitoring for duplication of services among various providers.</p> <p>The RN & Therapy Case Managers have been instructed on their responsibilities to ensure the coordination of services provided by the organization and by other service providers.</p> <p>Patient #2 has gone through the "paper discharge" & "readmission process" with the RN Case Manager communicating with Fresenius Dialysis Center r/t the patient's clinical condition and documenting contact information for the Fresenius Dialysis Center for future contacts and collaboration.</p>	03/28/2014
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	liaison with other organizations or individuals also providing care to the patient to assure effective coordination of related services."		<p>On-going communication regarding specific patients will be the responsibility of the RN/Therapy Case Managers.</p> <p>On-going compliance will be monitored at Certification time points.</p> <p>The Agency DON will be responsible for ensuring ongoing compliance with N486.</p> <p>The effective date of the plan of correction is 03/28/14.</p>	

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N000498	<p>410 IAC 17-12-3(b)(2)(A) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (A) Have his or her property treated with respect.</p> <p>Based on observation, agency policy review, and interview, the agency failed to ensure a patient's dignity was respected in her home for 1 of 3 home visits observed creating the potential to affect all of the agency's 44 current patients receiving services. (# 2)</p> <p>Finding include:</p> <p>1. On 2/26/14 at 9:00 A.M., the Administrator arrived at Patient 2's home wearing her pajamas. Employee A had just completed providing Patient 2 a shower and was in the process of drying the patient off in the shower in the bathroom. The Administrator came into the home and walked directly into the bathroom without knocking or without asking permission. The Administrator was observed to place Employee A's name badge around his neck and walked out. As the Administrator was leaving, she had indicated Employee A had left his name badge behind and wanted to make sure he had it.</p>	N000498	<p>The Governing Body of Valco Healthcare Services, INC has relieved Valorie Cowan of her responsibilities as Agency Administrator effective 03/17/2014. The Governing Body appointed Kim Goodrich RN as Administrator/DON effective 03/17/14. Employee A has been removed from the Agency's Home Health Aide roster and the Governing Body has appointed Employee A as the Agency CEO.</p> <p>The Agency Administrator will in-service all agency staff on Patient Rights and Responsibilities provisions of the Indiana State Rules. Staff will complete a post-test. In-Service Completion date: 04/16/14.</p> <p>RN Case Managers will observe patient care during supervisory visits to ensure patients are treated with dignity and their property is treated with respect. The RN Case Manager is to report all identified concerns to the Director of Nursing.</p> <p>The Director of Nursing is</p>	04/18/2014
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	2. A policy titled "Home Health Patient Bill of Rights" dated 08/22/11 stated "The Patient Bill of Rights statement defines the right of the patient to: A. Have his or her property treated with respect ... "		responsible for ensuring on-going compliance with N498. The effective date of the plan of correction is 04/18/14.	

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N000514	<p>410 IAC 17-12-3(c) Patient Rights Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on document and policy review and observation, the agency failed to ensure grievances were fully investigated and the resolution of the complaint was documented creating the potential to affect all of the agency's current 44 patients receiving services.</p> <p>Findings include:</p> <p>1. On 2/27/14 at 10:00 AM, seven pieces of paper were observed laying on the conference table. When reviewed, the papers contained complaints that had been filed at the agency. There had been no investigation or resolution to these complaints. The complaint dated 9/7/13 was called in by a caregiver that said the aide had left the patient alone almost 2 hours. A complaint dated 9/9/13 was</p>	N000514	<p>The Governing Body of the Agency approved a new QAPI program that includes a form for the investigation and tracking of all complaints. All complaints are to be sent directly to the Agency Administrator who will ensure all complaints are documented and logged. The Administrator or designee will prioritize and investigate all complaints within 5 days of receiving the grievance.</p> <p>Following the investigation of the complaint the Administrator will document the resolution, inform the complainant of the resolution and document this communication on the complaint form.</p> <p>Complaint tracking and reporting is a part of the QAPI Program and is reported and discussed in the</p>	03/22/2014
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	<p>called in by the same caregiver indicating the aide was leaving the patient in bed and not cleaning the patient or changing the patient's clothes. On 10/6/13, a complaint was filed by a patient complaining about the aide.</p> <p>2. A policy titled "Complaint/Grievance Process" dated 08/22/11 stated "Any difference of opinion, dispute, or controversy between a patient or family/caregiver or patient representative and Valco Healthcare concerning any aspect of services or the application of policies or procedures will be considered a grievance ... The organization staff member receiving the complaint will discuss, verbally and in writing, the grievance with a supervisor within five (5) days of the alleged grievance. The supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the patient's satisfaction. Response to the patient regarding the complaint will occur within ten (10) days of receipt. If the grievance cannot be resolved to the patient's satisfaction, the patient or his/her representative is to notify, verbally or in writing, the Executive Director/Administrator. The grievance must state the problem or action alleged and the date the supervisor was notified.</p>		<p>following committees: Quarterly QAPI Meetings, PAG Meetings, and Governing Body Meetings.</p> <p>The Agency Administrator is responsible for ensuring compliance with N514.</p> <p>The effective date of the plan of correction is 03/22/14.</p>	

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	<p>The Executive director/Administrator or designee will then investigate the grievance and contact the patient or his/her representative regarding the grievance in an attempt to resolve the differences. The Executive Director/Administrator will respond to the patient within ten (10) days of notification of failure to resolve the complaint ... Complaints and any action taken will be documented on a complaint form. Corrective action will be specific and related to the complaint. Resolution information will be communicated in writing to the patient or his/her representative filing the complaint. Clinical Supervisor will be notified of any complaints which may involve litigation by the clinician/technician involved completing an organization incident report or unusual form ... "</p> <p>3. A policy titled "Patient Bill of Rights" dated 08/22/11 stated "The Patient Bill of Rights statement defines the right of the patient to: ... Receive an investigation by the organization of complaints made by the patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding lack of respect for the patient's property by anyone furnishing services on behalf of the organization; the existence of the complaint and the resolution of the</p>				

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	complaint must be documented. ... "			

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N000518	<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 clinical record review, observation, interview, and agency document review, the agency failed to ensure patients were provided the current Indiana advance directives, including a description of applicable State law, in 1 of 6 home records reviewed with the potential to affect all patients of the agency (#3).</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. The admission package given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start of care (SOC). 2. Clinical record number 3, start of care (SOC) 02/01/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. 	N000518	<p>The Governing Body recommended the incorporation of the Advance Directive Law (Your Right to Decide) revised June 2013 into agency policy. The Agency has developed new Admission Packets for all patients. The new Admission Packets include the law with the June 2013 revision date. All re-admitted patients have received a copy of the Advance Directive Law revised as of June 2013.</p> <p>The Agency Administrator is responsible for the accuracy of public information and will ensure on-going compliance with N518.</p> <p>The effective date of the plan of correction is 03/22/14.</p>	03/22/2014	

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	<p>The patient signed that the document was received on the SOC date.</p> <p>On 02/26/14 at 2:10 PM, it was observed that the home folder for patient number 3 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013.</p> <p>5. The agency document titled "Admission Documents" dated 08/22/11 "Pertinent information regarding the organization's policy on patient Advance Directives including a description of an individual's right under state law (whether statutory or as recognized by the courts of a state) and how such rights are implemented by the organization ... "</p>			
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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record and agency policy review and interview, the agency failed to ensure visits and treatments had been provided only as ordered by the physician in 3 of 11 records reviewed creating the potential to affect all of the agency's 44 current patients. (# 1, 3, and 5)</p> <p>The findings include:</p> <p>1. During a home visit on 02/25/14 at 9:00 A.M., Employee MM was observed providing tracheostomy suctioning, accu check, and in and out straight catheterization. A folder of nursing paperwork was observed on a cork board on the patient's bedroom wall. Employee MM indicated the patient would inform nursing when he / she needed to be suctioned, catheterized, when to have blood sugars checked, and when he / she was ready for his / her shower. Employee MM also indicated the paperwork was made by the patient's parent and the nurses were to check ventilator settings at various times of the day and document the readings.</p>	N000522	<p>Following an investigative audit of clinical record accuracy by the Administrator and Consultant; it was identified the EMR assessment information was not communicating accurately to the Plan of Care. This failure is due, in large part, to a failure of the EMR system, which has only been in place for two months. As a result of the audit findings the Governing Body developed a quality initiative that involves transferring patients from the EMR to a 100% paper record system. This is necessary because the issues identified with the software system have left the consultant and the administrator with very little confidence in the system. The governing Body has been informed of these concerns and has approved moving away from the EMR. All patients will receive a paper discharge and readmission process with a letter of explanation. There will be no disruption in service. All physicians have been notified of the process via written letter. A letter of explanation has been attached to every discharged clinical record.</p> <p>Nurses and Therapists have received</p>	03/31/2014			

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	<p>Clinical record number 1 included a plan of care established by the physician for the certification period 12/31/13 to 02/27/14. The record failed to evidence the plan of care included treatment orders for tracheostomy care, in and out straight catheterization for urinary retention, the frequency of accu checks, ADL's (Activities of Daily Living), and the settings for the ventilator in the home.</p> <p>2. Clinical record number 3 included a plan of care established by the physician for the certification period 02/01/14 to 04/01/14 that identified skilled nursing visits were to be 1 visit a week for 4 weeks and physical therapy visits were to be 2 times a week for 9 weeks. The clinical record evidenced skilled nursing visits had been provided 2 times during the first week of services and physical therapy visits had been provided 1 time during week 2 and week 3 of services.</p> <p>3. Clinical record 5 included a skilled nursing note dated 02/20/14 that stated "Area cleansed with NS [normal saline], skin prep applied to peri wound, covered with 2 ABD [type of gauze dressing] pads and secured with tape." The clinical record failed to evidence an order had been provided by the physician.</p>		<p>instruction on the requirement to provide care in accordance with physician orders and the necessity of obtaining physician orders for all services, treatments, procedures, etc.</p> <p>Nurses and Therapists have received instruction on the necessity to provide home visits in accordance with the visit frequency and duration as ordered by the physician.</p> <p>Tracking processes have been implemented to track patient referrals, physician orders, certification time points, audit documentation at certification time points, and clinician scheduling of patient visits.</p> <p>The Director of Nursing and Administrator are responsible for the implementation and oversight of these processes to ensure on-going regulatory compliance.</p> <p>The effective date of the plan of correction is 03/31/14.</p>				

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	<p>4. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 1:30 PM.</p> <p>5. A policy titled "Physician Participation in Plan of Care" dated 08/22/11 stated "The attending physician will participate in the care planning process by initiating, reviewing and revising therapeutic and diagnostic orders. The care ill be provided in compliance with the therapeutic and diagnostic orders and accepted standards and practice ... Orders will be reviewed and revised by the patient's physician ... based on A. Changes in the care or service being provided ...E. Changes in diagnosis or treatment, including procedures, medications and equipment ... "</p>			

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(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:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on observation, review of clinical record and policy, and interview, the agency failed to ensure plans of care were revised and included all treatment orders and supplies for 2 of 11 records reviewed for patients with tracheostomy care, straight catheterization, ADL's (Activities of Daily Living), ventilator with settings, and wound care creating the potential to affect all of the agency's 44 current patients. (#1 and 2)</p>	N000524	<p>As a result of the audit findings the Governing Body developed a quality initiative that involves transferring patients from the EMR to a 100% paper record system. This is necessary because the issues identified with the software system have left the consultant and the administrator with very little confidence in the system. The governing Body has been informed of these concerns and has approved moving away from the EMR. All</p>	03/31/2014
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	<p>Findings include:</p> <p>1. During a home visit on 02/25/14 at 9:00 A.M., Employee MM was observed providing tracheostomy suctioning, accu check, and in and out straight catheter to patient #1. A pressure relief cushion was observed in the patient's electronic wheelchair. A folder of nursing paperwork was observed on a cork board on the patient's bedroom wall. Employee MM indicated the patient would inform nursing when he / she needed to be suctioned, catheterized, when to have blood sugars checked, and when he / she was ready for his / her shower. Employee MM indicated nursing provided care around the patient's gastric button located on his abdomen. Employee MM also indicated the paperwork was made by the patient's parent and the nurses were to check ventilator settings at various times of the day and document the readings.</p> <p>a. Clinical record number 1 included a plan of care established by the physician for the certification period 12/31/13 to 02/27/14. The record failed to evidence the plan of care included treatment orders for tracheostomy care, in and out straight catheterization for urinary retention, the frequency of accu checks, ADL's (Activities of Daily Living), gastric button care, and the</p>		<p>patients will receive a paper discharge and readmission process with a letter of explanation. There will be no disruption in service. All physicians have been notified of the process via written letter. A letter of explanation has been attached to every discharged clinical record.</p> <p>All patients who are re-admitted will receive a complete admission assessment. Following the completion of the assessment process and collaboration with the physician the nurse will develop a plan of care that includes all services, visit frequencies, treatments, medications, ADL's, goals and rehab potential.</p> <p>There will be 100% concurrent documentation review by nursing management to ensure accurate, complete information is recorded on the Medical Plan of Care.</p> <p>The Director of Nursing is responsible for ensuring on-going compliance with N524.</p> <p>The effective date of the plan of correction is 03/31/14.</p>		

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	<p>settings for the ventilator in the home.</p> <p>The plan of care failed to include supplies for tracheostomy care, straight catheterization, all pulmonary equipment including ventilator, and accu check supplies.</p> <p>b. Clinical number 1 included documentation from 01/03/14 to 02/14/14 of employees MM, K, and P providing care.</p> <p>2. Clinical record number 2 included a plan of care established by the physician for the certification period of 01/03/14 to 03/03/14.</p> <p>a. During a home visit on 02/26/14 at 9:00 AM, the patient was observed to have a catheter with white gauze covering the insertion site with clear tape on her left chest wall. The patient indicated she had been receiving dialysis for a while.</p> <p>b. The clinical record failed to evidence the plan of care included the patient had been receiving dialysis 3 times a week and had an catheter site at the chest wall for dialysis treatments.</p> <p>3. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 1:30 PM.</p>				

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	4. A policy titled "Physician Participation in Plan of Care" dated 08/22/11 stated "Physician ... orders will be individualized , based on patient's needs, and include ... B. Treatments and / or procedures needed, including type, frequency, duration, and goals ... Orders will be reviewed and revised by the patient's physician ... based on: Changes in diagnosis or treatment, including procedures, medications and equipment ... "			
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NAME OF PROVIDER OR SUPPLIER VALCO HEALTHCARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E 86TH ST, ,SUITE 55-B INDIANAPOLIS, IN 46240		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N000529	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure a written summary report for each patient was sent to the attending physician at least every 60 days for 6 of 10 records reviewed creating the potential to affect all of the agency's patients receiving services longer than 60 days. (#1, 2, 4, 5, 6, and 7)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record 1, SOC (start of care) 03/15/12, failed to evidence a detailed 60-day summary report had been sent to the physician. Clinical record 2, SOC 04/11/13, failed to evidence a detailed 60-day summary report had been sent to the physician. Clinical record 4, SOC 05/23/13, failed to evidence a detailed 60-day 	N000529	<p>All current patients have been readmitted to ensure a complete accurate assessment and complete accurate orders.</p> <p>RN Case Managers have been instructed on agency policy and the regulatory requirement to complete and submit a summary report for each patient to the physician every 60 days that includes a summary of the care provided inclusive of treatments/procedures and patient response to care provision.</p> <p>The Agency will perform concurrent review of all recertification documentation to ensure the 60 day summary of care is completed and sent to physician.</p> <p>The Director of Nursing is responsible for ensuring on-going compliance with N529.</p> <p>The effective date of the plan of correction is 03/31/14.</p>	03/31/2014	

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	<p>summary report had been sent to the physician.</p> <p>4. Clinical record 5, SOC 10/04/13, failed to evidence a detailed 60-day summary report had been sent to the physician.</p> <p>5. Clinical record 6, SOC 04/01/13, failed to evidence a detailed 60-day summary report had been sent to the physician.</p> <p>6. Clinical record 7, SOC 08/01/13, failed to evidence a detailed 60-day summary report had been sent to the physician.</p> <p>7. A policy titled "60 Day Summary" dated 08/22/11 stated "Information required in the 60-day summary report report to the physician may include: A. Reason for admission or last recertification, as applicable. B. A summary of care and treatments/procedures provided. C. A summary of the patient's response to treatment. D. A summary of changes to the plan of care. E. Why recertification for ongoing care is necessary. A copy of the 60-day summary report will be retained in the clinical record.</p>			
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N000537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on observation, clinical and policy review and interview, the agency failed to ensure treatments provided by nursing staff were ordered by the physician for 2 of 11 records reviewed. This had the potential for affect all of the agency's 44 patients receiving care by the agency. (#1 and 5) Findings include:</p> <p>1. During a home visit on 02/25/14 at 9:00 A.M., Employee MM was observed providing tracheostomy suctioning, accu check, and in and out straight catheterization. A folder of nursing paperwork was observed on a cork board on the patient's bedroom wall. Employee MM indicated the patient would inform nursing when he / she needed to be suctioned, catheterized, when to have blood sugars checked, and when he / she was ready for his / her shower. Employee MM also indicated the paperwork was made by the patient's parent and the nurses were to check ventilator settings at various times of the day and document the readings.</p>	N000537	<p>All current patients have been readmitted to ensure a complete accurate assessment and complete accurate physician orders are obtained on all patients.</p> <p>RN Case Managers have been instructed on the following:</p> <ul style="list-style-type: none"> · Home care services must be based on physician orders. · Clinicians are to establish and maintain ongoing communication with the physician to ensure safe and appropriate care for the patient. · Based on the communication with the physician, a verbal order will obtained for any change in the plan of care and communicated to all appropriate team members to ensure that care is provided according to the revised plan of care. <p>The Agency will perform concurrent review of all recertification documentation to ensure care is provided in accordance with the medical plan of care.</p>	03/31/2014
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	<p>Clinical record number 1 included a plan of care established by the physician for the certification period 12/31/13 to 02/27/14. The record failed to evidence the plan of care included treatment orders for tracheostomy care, in and out straight catheterization for urinary retention, the frequency of accu checks, ADL's (Activities of Daily Living), and the settings for the ventilator in the home.</p> <p>2. Clinical record 5 included a skilled nursing note dated 02/20/14 that stated "Area cleansed with NS [normal saline], skin prep applied to peri wound, covered with 2 ABD [type of gauze dressing] pads and secured with tape." The clinical record failed to evidence an order had been provided by the physician.</p> <p>3. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 1:30 PM.</p> <p>4. A policy titled "Monitoring patient Response / Reporting to Physician" dated 08/22/11 stated, "Clinicians will establish and maintain ongoing communication with the physician to ensure safe and appropriate care for the patient ... Based on the communication with the physician (or other authorized licensed independent</p>		<p>The Director of Nursing is responsible for ensuring on-going compliance with N537.</p> <p>Effective date of the plan of correction is 03/31/14.</p>				

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	<p>practitioner), a verbal order will be obtained for any change in the plan of care and communicated to all appropriate team members to ensure that care is provided according to the revised plan of care ... "</p> <p>6. A policy titled "Physician Participation in Plan of Care" dated 08/22/11 stated "The attending physician will participate in the care planning process by initiating, reviewing and revising therapeutic and diagnostic orders. The care ill be provided in compliance with the therapeutic and diagnostic orders and accepted standards and practice ... Orders will be reviewed and revised by the patient's physician ... based on A. Changes in the care or service being provided ...E. Changes in diagnosis or treatment, including procedures, medications and equipment ... "</p>			

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N000541	<p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs. Based on clinical record and agency policy review, the agency failed to ensure the registered nurse reevaluated the patient's need during the last 5 days of every 60 day period in 1 of 1 record reviewed of patients that had been on service for longer than 60 days and when the patient returned home from the hospital in 1 of 11 records reviewed creating the potential to affect all of the agency's patients receiving services longer than 60 days and who are hospitalized. (# 1)</p> <p>Findings include:</p> <p>1. Clinical record 1 evidenced a start of care date of 03/12/12 and that the patient received services during the certification period of 05/04/13 to 07/02/13, 07/03/13 to 08/31/13, and 09/01/13 to 10/30/13. The record failed to evidence the comprehensive assessment had been updated the last 5 days of the 07/03/13 to 08/31/13 and 09/01/13 to 10/30/13 certification periods. The record also failed to evidence a comprehensive</p>	N000541	<p>All patients will receive a comprehensive assessment at time of recertification and resumption of care following a hospitalization.</p> <p>All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process with a complete comprehensive assessment to ensure accurate information in the clinical records.</p> <p>RN Case Managers have been in-serviced on Agency policies related to the necessity to complete a comprehensive assessment at time of recertification and resumption of care.</p> <p>The Agency has implemented the "Patient Tracking Log" which identifies the dates for the required assessments based on the patient's start of care date and/or hospitalization date.</p> <p>RN Case Managers complete a weekly visit schedule on the "Weekly Assignment Sheet" to</p>	03/31/2014

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	<p>assessment had been completed after the patient had been discharged from the hospital for treatment of urinary tract infection.</p> <p>a. During a home visit on 2/25/14 at 9:00 AM, the patient indicated he had been hospitalized for urinary tract infection in August of 2013.</p> <p>b. A hospital progress note stated the patient was hospitalized on 08/11/13 for urinary tract infection.</p> <p>c. Employee NN was unable to provide any further documentation when asked on 02/27/14 at 9:50 AM.</p> <p>d. The Administrator and Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 3:10 PM.</p> <p>2. A policy titled "Reassessment / Recertification" dated 08/22/11 stated "The comprehensive assessment must be updated and revised every 60 days beginning with the start of care. A comprehensive assessment, including all required OASIS data elements, must be performed to measure patient progress towards outcomes ... For each new episode of care, a comprehensive</p>		<p>identify their weekly visit assignments.</p> <p>The Director of Nursing will be tracking certification time points with the Patient Tracking Log and tracking RN Case Manager schedules via their Weekly Assignment Sheets to ensure compliance with assessments for all certification time points.</p> <p>The Director of Nursing will be responsible for ensuring compliance with N541.</p> <p>The effective date of the plan of correction is 03/31/14.</p>		

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	assessment will be completed no earlier than five (5) days before and no later than (1) day before the calendar day on which the new episode of care will begin ... OASIS assessments for ... transfer and resumption of care will be completed within the mandated time frames ... Each patient will be reassessed using a comprehensive OASIS assessment tool for the review and revision of the plan of care when ... The patient returns home after an inpatient admission lasting 24 hours or longer for any purpose other than diagnostic testing ... "			
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N000542	<p>410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on clinical record review, agency policy review, observation, and interview, the agency failed to ensure the registered nurse revised the plan of care before providing services for 3 of 11 records reviewed with skilled nursing with the potential to affect all of the agency's current 44 patients receiving services. (#1, 2, and 5)</p> <p>Findings include:</p> <p>1. During a home visit on 02/25/14 at 9:00 A.M., Employee MM, registered nurse, was observed providing tracheostomy suctioning, accu check, and in and out straight catheter. A pressure relief cushion was observed in the patient's electronic wheelchair. A folder of nursing paperwork was observed on a cork board on the patient's bedroom wall. Employee MM indicated the patient would inform nursing when he / she needed to be suctioned, catheterized, when to have blood sugars checked and when he / she was ready for his / her shower. Employee MM indicated</p>	N000542	<p>All home health care is physician directed care. The RN Case Managers have been in-serviced on the agency policies, specifically the policies that include the "Physician Participation in the Plan of Care" and "Monitoring Patient Response/Reporting to the Physician". The RN Case Managers have been re-educated on the necessity for physician notification of changes in the patient's condition and physician orders for all care, changes in care, treatments, supplies and equipment.</p> <p>All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process with a complete comprehensive assessment to ensure accurate information in the clinical records.</p> <p>The Director of Nursing/designee will track the provision of patient care through on-going review of the visit documentation to evaluate for congruency between the physician orders and care documented on the</p>	03/31/2014	

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	<p>nursing provided care around the patient's gastric button located on his abdomen. Employee MM also indicated the paperwork was made by the patient's parent and the nurses were to check ventilator settings at various times of the day and document the readings.</p> <p>a. Clinical record number 1 included a plan of care established by the physician for the certification period 12/31/13 to 02/27/14. The record failed to evidence the plan of care had been updated to include treatment orders for tracheostomy care, in and out straight catheterization for urinary retention, the frequency of accu checks, ADL's (Activities of Daily Living), gastric button care, and the settings for the ventilator in the home. The plan of care failed to include supplies for tracheostomy care, straight catheterization, all pulmonary equipment including ventilator, and accu check supplies.</p> <p>b. Review of Clinical number 1 included documentation from 01/03/14 to 02/14/14 of Employee MM, K, and P had been providing care.</p> <p>2. Clinical record number 2 included a plan of care established by the physician for the certification period of 01/03/14 to</p>		<p>visit notes.</p> <p>The Director of Nursing is responsible for ensuring compliance with N542.</p> <p>The effective date of the plan of correction is 03/31/14.</p>		

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	<p>03/03/14.</p> <p>a. During a home visit on 02/26/14 at 9:00 AM, the patient was observed to have a catheter with white gauze covering the insertion site with clear tape on her left chest wall. The patient indicated she had been receiving dialysis for a while.</p> <p>b. The clinical record failed to evidence the plan of care had been updated to include the patient's dialysis 3 times a week and the patient had an catheter site at the chest wall for dialysis treatments.</p> <p>3. Clinical record 5 included a skilled nursing note dated 02/20/14 that stated "Area cleansed with NS [normal saline], skin prep applied to peri wound, covered with 2 ABD [type of gauze dressing] pads and secured with tape." The clinical record failed to evidence an order for the wound care.</p> <p>4. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 1:30 PM.</p> <p>5. A policy titled "Monitoring patient Response / Reporting to Physician" dated 08/22/11 stated "Clinicians will establish and maintain ongoing communication</p>						

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	<p>with the physician to ensure safe and appropriate care for the patient ... Based on the communication with the physician (or other authorized licensed independent practitioner), a verbal order will be obtained for any change in the plan of care and communicated to all appropriate team members to ensure that care is provided according to the revised plan of care ... "</p> <p>6. A policy titled "Physician Participation in Plan of Care" dated 08/22/11 stated "The attending physician will participate in the care planning process by initiating, reviewing and revising therapeutic and diagnostic orders. The care ill be provided in compliance with the therapeutic and diagnostic orders and accepted standards and practice ... Orders will be reviewed and revised by the patient's physician ... based on A. Changes in the care or service being provided ...E. Changes in diagnosis or treatment, including procedures, medications and equipment ... "</p>			
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N000545	<p>410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse coordinated services with other staff and providers caring for the patient for 9 of 11 records reviewed creating the potential to affect all of the agency's patients that receive more than one service or receive services from another provider. (# 2, 3, 4, 5, 6, 7, 8, 9, and 11)</p> <p>Findings include:</p> <p>1. Clinical record 2, SOC (start of care) 01/03/14, evidenced the patient was receiving dialysis three times a week and skilled nursing and home health aide services. The clinical record failed to evidence communication and / or coordination of care with the dialysis facility and between the disciplines.</p> <p>2. Clinical record 3, SOC 02/01/14, evidenced the patient was receiving nursing, home health aide, and physical and occupational therapy. The clinical record failed to evidence coordination of</p>	N000545	<p>All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process with a complete comprehensive assessment to ensure accurate information in the clinical records including documentation of coordination of care with other staff and providers caring for Agency patients.</p> <p>RN Case Managers will be in-serviced on the certification assessment process to include the necessity to document coordination of care with other staff members and other service providers.</p> <p>The Director of Nursing/designee will audit all documentation at the certification time points to ensure coordination with other staff and other service providers is documented.</p> <p>The Director of Nursing is responsible for ensuring compliance with N545.</p> <p>The effective date of the plan of</p>	03/31/2014
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	<p>services among the disciplines.</p> <p>3. Clinical record 4, SOC 05/23/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>4. Clinical record 5, SOC 10/04/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>5. Clinical record 6, SOC 04/01/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>6. Clinical record 7, SOC 08/01/13, evidenced the patient was receiving nursing and home health aide services. The clinical record failed to evidence coordination of services between the disciplines.</p> <p>7. Clinical record 8, SOC 07/09/13, evidenced the patient was receiving nursing, home health aide, and physical therapy services. The clinical record</p>		correction is 03/31/14.	

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NAME OF PROVIDER OR SUPPLIER VALCO HEALTHCARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E 86TH ST, ,SUITE 55-B INDIANAPOLIS, IN 46240		
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	<p>failed to evidence coordination of services among the disciplines.</p> <p>8. Clinical record 9, SOC 08/08/13, evidenced the patient was to receive nursing, home health aide, and therapy services. The clinical record failed to evidence coordination of services among the disciplines.</p> <p>9. Clinical record 11, SOC 02/10/13, evidenced the patient was receiving nursing, home health aide, and physical and occupational therapy services. The clinical record failed to evidence coordination of services among the disciplines.</p> <p>10. The Administrator and DoN indicated on 02/24/14 at 10:20 AM that there was not a system in place to monitor therapy services and also indicated "they do their own thing."</p> <p>11. A policy titled "Coordination of Services With Other Providers" dated 08/22/11 stated "A Case Manager will be assigned to be responsible for coordinating services provided to the patient by the organization, including services provided directly and through contract. The Case Manager will act as liaison with other organizations or individuals also providing care to the</p>				

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	<p>patient to assure effective coordination of related services."</p> <p>12. A policy titled "Care / Service Coordination" dated 08/22/11 stated "Timely and ongoing communication is the responsibility of each team member and will be appropriate to the needs and abilities of the patient, and relevant to the care / service provided. The clinician / technician will be responsible for facilitating communications about changes in the patient's status among the assigned personnel ... "</p>			
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N000550	<p>410 IAC 17-14-1(a)(1)(K) Scope of Services 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: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse wrote patient care instructions for the home health aide for 1 of 10 records reviewed of patients with home health aide services creating the potential to affect all of the agency's patients who were receiving home health aide services. (#8)</p> <p>Finding include:</p> <p>1. Clinical record 8 included a plan of care established by the physician for the certification period 07/08/13 to 09/05/13 with orders for home health aide services. The clinical record failed to evidenced that a home health aide care plan had been established by the registered nurse. The clinical record evidenced the aide provided services to the patient on 08/02/13, 08/05/13, 08/07/13, 08/09/13, 08/12/13, 08/14/13, 08/16/13, 08/19/13, 08/22/13, 08/23/13, 08/26/13, 08/28/13, 08/30/13, 09/02/13, and 09/04/13.</p>	N000550	All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process. Physician orders were obtained for home health aide services as indicated. The RN Case Managers wrote home health aide care plan instructions for each patient to ensure care was individualized to the specific needs of each patient. RN Case Managers will be in-serviced the requirement and process for the development of the home health aide care plan. The Director of Nursing/designee will audit all documentation at the certification time points to ensure that each patient receiving home health aide services has an individualized plan developed and reviewed by the RN. The Director of Nursing is responsible for ensuring compliance with N550. The effective date of the plan of correction is 03/31/14.	03/31/2014	

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	<p>2. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 1:30 PM.</p> <p>3. A policy titled "Home Health Aide Plan of Care" dated 08/22/11 stated "The patient's Case Manager, upon initialization of aide services, will develop the home health aide plan of care, consistent with the comprehensive plan of care and physician (or other authorized licensed independent practitioner) orders ... "</p>			

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N000553	<p>410 IAC 17-14-1(a)(2)(A) Scope of Services Rule 14 Sec. 1(a) (2) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (A) Provide services in accordance with agency policies. Based on clinical record and policy review and interview, the agency failed to ensure Licensed Practical Nurses (LPN) provided nursing services only provided care ordered on the plan of care in accordance with the agency's policies for 1 of 11 records reviewed creating the potential to affect all of the agency's patients who were receiving LPN services.</p> <p>Finding include:</p> <p>1. Clinical record number 1 included a plan of care established by the physician for the certification period 12/31/13 to 02/27/14. The record failed to evidence the plan of care had been updated to include treatment orders for trachea care, in and out straight catheterization for urinary retention, the frequency of accu checks, ADL's (Activities of Daily Living), gastric button care and the settings for the ventilator in the home. The plan of care failed to include supplies for tracheotomy care, straight catheterization, all pulmonary equipment</p>	N000553	<p>Currently the Agency does not employ any Licensed Practical Nurses (LPNs). The process r/t the utilization of LPNs includes the following:</p> <ul style="list-style-type: none"> ·All LPN's assigned to patient care will be provided a copy of the Medical Plan of Care for their assigned patient. ·The RN Case Manager/designee will review the Medical Plan of Care with the LPN. ·The RN Case Manager will conduct a home supervisory visit of the LPN at least once every 60 days. <p>All LPNs hired to provide patient care for Valco Healthcare Services, INC would have to pass a home visit competency during their orientation that includes evaluation of hand hygiene, bag technique, and infection control practices. The competency also evaluates the clinicians' ability to prepare for the visit, perform the visit, complete the visit documentation, and report pertinent findings to the RN Case Manager.</p>	03/31/2014	

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	<p>including ventilator, and accu check supplies.</p> <p>a. Review of Clinical number 1 included documentation from 01/03/14 to 02/14/14 of Employee K and P, LPNs, had been providing said care.</p> <p>b. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 02/28/14 at 1:30 PM.</p> <p>2. A policy titled "Monitoring patient Response / Reporting to Physician" dated 08/22/11 stated "Clinicians will establish and maintain ongoing communication with the physician to ensure safe and appropriate care for the patient ... Based on the communication with the physician (or other authorized licensed independent practitioner), a verbal order will be obtained for any change in the plan of care and communicated to all appropriate team members to ensure that care is provided according to the revised plan of care ... "</p>		<p>In addition, the Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate care provision in compliance with physician orders. The 100% audit will continue quarterly until the agency is able to sustain a threshold of greater than 80% compliance over a 6 month time frame. Thereafter the Agency will continue the Quarterly Clinical Record Audits of 20% of the active patients to evaluate care provision in compliance with physician orders.</p> <p>The Director of Nursing is responsible for ensuring compliance with N553.</p> <p>The effective date of the plan of correction is 03/31/14.</p>	

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N000565	<p>410 IAC 17-14-1(c)(4) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (4) help develop the plan of care (revising as necessary); Based on clinical record and agency policy review and interview, the agency failed to ensure the therapist participated in the development of the plan of care for 2 of 11 records reviewed creating the potential to affect all of the agency's 44 patients receiving services. (# 3 and 8)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record 3, SOC 0201/14, included a plan of care established by the physician for the certification period 02/01/14 to 04/01/14 for skilled nursing, home health aide, and physical therapy services. The record failed to evidence the therapist participated in the development of the plan of care. 2. Clinical record 8, SOC 07/09/14, included a plan of care established by the physician for the certification period of 07/09/13 to 09/05/13 for skilled nursing, home health aide, and physical and occupational therapy. The record failed to evidence the therapists participated in the development of the plan of care. 3. The Administrator and DoN indicated 	N000565	<p>All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process. Clinical records developed to include therapy services are present with detailed physician orders. The Therapist has participated in the development of the medical plan of care with the physician and nurse. Coordination of Care is documented on Case Conference records maintained in the clinical record.</p> <p>Therapists and RN Case Managers will be in-serviced on this requirement and process.</p> <p>The Director of Nursing/designee will make home supervisory visits of therapists every 60 days to ensure therapists are providing care in compliance with physician orders.</p> <p>The Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate therapy participation in the development of the medical plan of care and participation in case conferences.</p> <p>The Director of Nursing is responsible for ensuring compliance</p>	03/31/2014
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	<p>at the entrance conference on 02/24/14 that there was no supervision with therapy and therapy did not participate in the case conferences.</p> <p>4. A policy titled "Case Conference / Progress Summary" dated 08/22/11 stated "Case conferences / interdisciplinary communication will occur at the start of care and at least every 60 days to review and discuss all multidisciplinary cases. Items of discussion will include, but will not be limited to, the type and frequency of service by each discipline involved, changes in the patient's overall status, problems, possible resolutions, progress towards goals, and any necessary revisions in the plan of care. Case conferences will include utilization review; therefore, all clinicians - both direct and contract personnel - working with patients will participate in case conferences ... "</p>		<p>with N565.</p> <p>The effective date of the plan of correction is 03/31/14.</p>		

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N000567	<p>410 IAC 17-14-1(c)(6) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (6) advise and consult with the family and other home health agency personnel; Based on clinical record and policy review, and interview, the agency failed to ensure the therapist coordinated care effectively with other agency personnel for 4 of 11 records reviewed creating the potential to affect all of the agency's patients that receive more than one service. (# 3, 8, 9 and 11)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record 3, start of care (SOC) 02/01/14, evidenced the patient was receiving nursing, home health aide, physical therapy, and occupational therapy. The clinical record failed to evidence coordination of services among the disciplines. 2. Clinical record 8, SOC 07/09/13, evidenced the patient was receiving nursing, home health aide, and physical therapy services. The clinical record failed to evidence coordination of services among the disciplines. 3. Clinical record 9, SOC 08/08/13, evidenced the patient was to receive nursing, home health aide, and therapy 	N000567	<p>All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process. Clinical records of patients receiving services from multiple disciplines including nursing and therapy will have documented case conference reports present in their clinical records to validate staff collaboration and communication of patient care needs. Therapy will be instructed on the certification assessment and care provision process to include the necessity to document coordination of care with other staff members and other service providers. The Director of Nursing/designee will audit all documentation at the certification time points to ensure coordination with other staff and other service providers is documented. The Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate therapy participation in case conferences. The Director of Nursing is responsible for ensuring compliance with N567. The effective date of the plan of correction is 03/31/14.</p>	03/31/2014	

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	<p>services. The clinical record failed to evidence failed to evidence coordination of services among the disciplines.</p> <p>4. Clinical record 11, SOC 02/10/13, evidenced the patient was receiving nursing, home health aide, physical therapy, and occupational therapy services. The clinical record failed to evidence coordination of services among the disciplines.</p> <p>5. The Administrator and DoN indicated on 02/24/14 at 10:20 AM that there was not a system in place to monitor therapy services and also indicated "they do their own thing."</p> <p>6. A policy titled "Care / Service Coordination" dated 08/22/11 stated "Timely and ongoing communication is the responsibility of each team member and will be appropriate to the needs and abilities of the patient, and relevant to the care / service provided. The clinician / technician will be responsible for facilitating communications about changes in the patient's status among the assigned personnel ... "</p>			

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N000586	<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>(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:</p> <p>(A) Bed bath.</p> <p>(B) Bath; sponge, tub or shower.</p> <p>(C) Shampoo, sink, tub, or bed.</p> <p>(D) Nail and skin care.</p> <p>(E) Oral hygiene.</p>			
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	<p>(F) Toileting and elimination. (10) Safe transfer techniques and ambulation. (11) Normal range of motion and positioning. (12) Adequate nutrition and fluid intake. (13) Medication assistance. (14) Any other task that the home health agency may choose to have the home health aide perform.</p> <p>Based on personnel file and agency policy review and interview, the agency failed to ensure home health aides received at least 12 hours of inservices training in 20 of 20 home health aide files reviewed of aides employed for all of 2013 in a sample of 39 creating the potential to affect all of the agency's current patients that receive home health aide services. (A, C, D, J, L, M, O, Q, R, S, T, U, V, W, GG, HH, II, JJ, KK, AND LL)</p> <p>Findings include:</p> <p>1. Personnel file A, date of hire unknown, had been hired to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p> <p>2. Personnel file C had been hired on 04/21/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed</p>	N000586	<p>100% of the Home Health Aides working for Valco Healthcare Services, INC has completed their 12 hour in-service requirement for 2013.</p> <p>The Director of Nursing has directed the development of the 2014 Home Health Aide Annual In-Service Plan. The 2014 in-service sessions have been initiated and are being tracked for completion.</p> <p>The Director of Nursing is responsible for ensuring compliance with N586.</p> <p>The effective date of the plan of correction is 03/28/14.</p>	03/28/2014			

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	<p>12 hours for inservices training for 2013.</p> <p>3. Personnel file D had been hired on 10/24/11 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours for inservices training for 2013.</p> <p>4. Personnel file J had been hired on 05/23/05 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours for inservices training for 2013.</p> <p>5. Personnel file L had been hired on 03/10/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours for inservices training for 2013.</p> <p>6. Personnel file M had been hired on 05/21/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours for inservices training for 2013.</p> <p>7. Personnel file O had been hired on 10/24/11 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours for inservices training for 2013.</p> <p>8. Personnel file Q had been hired on 03/12/12 to provide aide services on</p>			
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	<p>behalf of the agency. The file failed to evidenced the individual had completed 12 hours for inservices training for 2013.</p> <p>9. Personnel file R had been hired on 11/10/09 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p> <p>10. Personnel file S had been hired on 06/02/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p> <p>11. Personnel file T had been hired on 07/02/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p> <p>12. Personnel file U had been hired on 04/03/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p> <p>13. Personnel file V had been hired on 04/22/13 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p>				

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	14. Personnel file W had been hired on 11/05/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.				
	15. Personnel file GG had been hired on 02/22/13 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.				
	16. Personnel file HH had been hired on 12/01/10 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.				
	17. Personnel file II had been hired on 01/07/13 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.				
	18. Personnel file JJ had been hired on 07/18/11 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.				
	19. Personnel file KK had been hired on 08/27/11 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed				

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	<p>12 hours of inservices training for 2013.</p> <p>20. Personnel file LL had been hired on 04/27/12 to provide aide services on behalf of the agency. The file failed to evidenced the individual had completed 12 hours of inservices training for 2013.</p> <p>20. The Administrator indicated on 02/24/14 at 10:20 AM that there had been a number of other personnel to whom she had delegated responsibility for maintaining personnel files and keeping them up to date.</p> <p>21. A policy titled "Training / Inservices Education" dated 08/22/11 stated "Paraprofessional personnel will receive education as follows: A. Aides (CNAs/HHAs) must receive at least 12 hours of inservices training per calendar year ... "</p>			

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N000597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry. Based on employee records and policy review and interview, the agency failed to ensure home health aides were entered on and in good standing on the the state aide registry in 16 of 20 home health aide personnel files reviewed creating the potential to affect all of the agency's current patients receiving home health aide services. (# A, D, K, P, R, S, T, U, V, W, GG, HH, II, JJ, KK, and LL)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file A, date of hire unknown and first patient contact 04/02/03, failed to evidence the employee was entered on and in good standing on the the state aide registry. 2. Personnel file J, date of hire 05/23/05 and first patient contact 05/28/05, failed to evidence the employee was entered on and in good standing on the the state aide registry. 3. Personnel file L date of hire 05/21/12 and first patient contact 05/30/12, failed to evidence the employee was entered on and in good standing on the the state aide 	N000597	<p>Employee A has been appointed CEO of Valco Healthcare Services, and is no longer in the position of Home Health Aide.</p> <p>Employees J, L, M R, S, T, U, V, W, GG, HH, II, JJ, KK, and LL have renewed their registration and are in good standing with the Home Health Aide Registry.</p> <p>The HR Coordinator is responsible for tracking the home health aide registrations to ensure the agency home health aides maintain their home health aide registration status with the ISDH Home Health Aide Registry.</p> <p>The Administrator is responsible for ensuring on-going compliance with N597.</p> <p>The effective date of the plan of correction is 03/31/14.</p>	03/31/2014
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	<p>registry.</p> <p>4. Personnel file M, date of hire 04/21/12 and first patient contact 04/30/12, failed to evidence the employee was entered on and in good standing on the the state aide registry.</p> <p>5. Personnel file R, date of hire 11/10/09 and first patient contact 11/13/09, failed to evidence the employee was entered on and in good standing on the the state aide registry.</p> <p>6. Personnel record S, date of hire 06/02/12, failed to evidence the employee was entered on and in good standing on the the state aide registry.</p> <p>7. Personnel record T, date of hire 07/02/12, failed to evidence the employee was entered on and in good standing on the the state aide registry.</p> <p>8. Personnel record U, date of hire 04/03/12, failed to evidence the employee was entered on and in good standing on the the state aide registry.</p> <p>9. Personnel record V, date of hire 04/22/13, failed to evidence the employee was entered on and in good standing on the the state aide registry.</p>				

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	10. Personnel record W, date of hire 11/05/12, failed to evidence the employee was entered on and in good standing on the the state aide registry.			
	11. Personnel record GG, date of hire 02/22/13, failed to evidence the employee was entered on and in good standing on the the state aide registry.			
	12. Personnel record HH, date of hire 12/01/10, failed to evidence the employee was entered on and in good standing on the the state aide registry.			
	13. Personnel record II, date of hire 01/07/13, failed to evidence the employee was entered on and in good standing on the the state aide registry.			
	14. Personnel record JJ, date of hire 07/18/11, failed to evidence the employee was entered on and in good standing on the the state aide registry.			
	15. Personnel record KK, date of hire 08/27/11, failed to evidence the employee was entered on and in good standing on the the state aide registry.			
	16. Personnel record LL, date of hire 04/27/12, failed to evidence the employee was entered on and in good standing on the the state aide registry.			

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	<p>17. The Administrator indicated on 02/24/14 at 10:20 AM that there had been a number of other personnel to whom she had delegated responsibility for maintaining personnel files and keeping them up to date.</p> <p>18: A policy titled "Licensure / Certification / Registration" dated 08/22/11 stated "All organization personnel will be properly licensed, certified, and / or trained to met specific job requirements. Personnel must maintain and show proof of ... registration as appropriated. Personnel must comply with requirements to maintain such ...registration in accordance with applicable state law and regulation ... "</p>			
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N000608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <ol style="list-style-type: none"> (1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary. <p>Based on clinical record and policy review and interview, the agency failed to ensure clinical records contained clinical notes, names of physician, and discipline discharge summaries in accordance with accepted professional standards for every patient receiving home health services in 7 of 11 clinical records reviewed creating the potential to affect all 44 patients of the agency (# 1, 2, 3, 4, 6, 8, and 9).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record 1 failed to include a physician plan of care for the certification 	N000608	All current patients of Valco Healthcare Services, INC went through a paper discharge and readmission process with a complete comprehensive assessment to ensure accurate information in the clinical records including documentation of clinical notes, discipline discharge summaries, and physician names. RN Case Managers and Therapists will be in-serviced on the documentation requirements for certification time points, physician orders, visit documentation, coordination of care, discipline discharge summaries, etc. The Director of Nursing/designee will audit all documentation at the certification	03/31/2014
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	<p>period of 07/03/13 to 08/31/13.</p> <p>a. Clinical record 1 skilled nursing clinical notes were hand written on paper. The last skilled nursing clinical note in the patient's chart was 02/14/14.</p> <p>b. On 2/27/14 at 9:30 AM, employee NN indicated she did type the plan of care for 07/03/13 but was unable to retrieve the plan of care due to no access to the previous computer program.</p> <p>c. The Director of Nursing (DoN) and the Administrator indicated during the entrance conference on 2/24/14 at 10:20 AM that the timeframe allowed for clinicians to turn in documentation following a visit was "that day." The DoN and the Administrator also indicated the timeframe for documents to be filed in the patient record was "48 hours."</p> <p>2. Clinical record 2 had Discharge assessment dated 12/30/13. The clinical record failed to evidenced a discharge summary was available for the physician.</p> <p>3. Clinical record 3 included a physician's plan of care for the certification period 02/01/14 to 04/01/14 with orders for physical therapy 2 times a week for 8 weeks. The record failed to evidence 2 physical therapy visits during</p>		<p>time points to ensure complete accurate documentation is present in the clinical record. The Agency will conduct Quarterly Clinical Record Audits of 100% of the active patients to evaluate clinical documentation for accuracy and completion of all components. The Director of Nursing is responsible for ensuring compliance with N608. The effective date of the plan of correction is 03/31/14.</p>				

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	<p>week 2 and week 3.</p> <p>a. On 02/26/14 at 11:00 AM, employee E indicated the physical therapy papers provided were complete.</p> <p>b. On 02/26/14 at 1:30 PM, the Administrator contacted the physical therapist requesting documentation of visits.</p> <p>c. On 02/26/14 at 02:15 PM, employee E provided the same physical therapy documentation from 11:00 AM and indicated there were no further visit notes in the computer.</p> <p>4. Clinical record 4 included a physician's plan of care for the certification periods 09/20/13 to 11/18/13, 11/19/13 to 01/17/14, and 01/18/14 to 03/18/14.</p> <p>a. The 09/20/13 to 11/18/13 plan of care stated [name of physician # 1] as the primary care physician. [Name of physician # 2] signed the plan of care.</p> <p>b. The 11/19/13 to 01/17/14 plan of care stated same [name of physician # 1] as the primary care physician but had a single line through the name with [name of physician # 2] written and with the signature of physician # 2 on the plan of</p>				

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	<p>care.</p> <p>c. The 01/18/14 to 03/18/14 plan of care stated same [name of physician # 1] as the primary care physician but had a single line through the name with [name of physician # 3] written and with the signature of physician # 3 on the plan of care. The record failed to evidence documentation of a change in primary physicians.</p> <p>5. Clinical record 6 included a physician's plan of care for the certification period of 04/01/13 to 05/30/13 with a start of care (SOC) of 04/01/13 and a physician's plan of care for the certification period of 04/02/13 to 05/31/13 with a SOC of 04/02/13. Review of clinical record 6 consents for services was dated 04/01/13.</p> <p>a. Clinical record 6 included a Comprehensive Assessment by a physical therapist on 04/01/13 at 11:20 AM.</p> <p>b. Clinical record 6 included a Comprehensive Assessment by a registered nurse on 04/01/13 at 3:00 PM. The Comprehensive Assessment failed to evidence the patient's name and identification of each consecutive page.</p> <p>c. Clinical record 6 failed to evidence</p>			
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	<p>a plan of care between 06/01/13 to 07/29/13.</p> <p>d. Clinical record 6 "Acknowledgement of Understanding" stated, "Authorization for the agency to be paid above any other agency which may bill for services being rendered to me beginning on 10/28/13." The document was signed by an unknown source and signed by the registered nurse on 10/28/13.</p> <p>e. Clinical record "Authorization and Consent for Treatment" was initialed and dated on 10/29/13.</p> <p>f. Clinical record 6 included a physician's plan of care for the certification period of 10/29/13 to 12/27/13 with a SOC of 10/29/13.</p> <p>g. Employee E provided documentation stating the patient was discharged on 12/27/13. The clinical record failed to evidence a discharge summary.</p> <p>6. Clinical record 7 included a physicians's plan of care for the certification period of 08/01/13 to 09/29/13 for home health aide to assist with personal care and activities of daily living (ADL'S) 3 hours per day, 5 times a</p>						

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	<p>week for 10 weeks. The clinical failed to evidenced home health aide visit notes after 08/24/13.</p> <p>7. Clinical record 8 included a physician's plan of care for the certification period of 07/08/13 to 09/05/13 with a SOC of 07/08/13.</p> <p>a. Review of the Notice of Medicare Non-Coverage stated home health services would end 07/09/13 - 09/07/13 with the patient signature and date of 07/09/13.</p> <p>b. Clinical record 8 failed to evidence skilled nursing visit notes, physical therapy notes, coordination of care notes, and an Admission Comprehensive OASIS Assessment as well as a Discharge OASIS assessment.</p> <p>8. Clinical record 9 included a physician's plan of care for the certification period of 08/08/13 to 10/06/13 for home health services 2 hours per day, 7 times a week for 9 weeks.</p> <p>Review of the "Patient Fact Report" dated 09/18/13 for clinical record 9 stated the patient was discharged on 08/15/13 to another type of facility. The clinical record did not evidenced the OASIS Comprehensive assessment upon</p>						

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	<p>admission and did not evidenced home health aide visit notes from 08/08/13 to 08/15/13.</p> <p>9. The Administrator indicated on 02/26/14 at 3:10 PM that she was not aware of the clinical record problems but indicated the agency was not able to retrieve documentation from the former computer program. The Administrator indicated records were not retrievable from the former computer program that was started in the summer of 2013 and ended December of 2013.</p> <p>10. A policy titled "Contents of Clinical Record" dated 08/22/11 stated "The clinical record will contain sufficient information to identify the patient,describe the patient's problems and needs, justify care, accurately document care provided and results in detail, and facilitate continuity of care among organization and contract personnel.</p> <p>11. A policy titled "Discharge Summary" dated 08/22/11 stated "Each patient discharged from a service and from the organization will have a written discharge summary completed and filed in the clinical record ... The discharge summary and other relevant clinical record documents will be completed and</p>						

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	submitted within 72 hours of discharge from service. A copy of the discharge summary will be provided to the patient's physician when requested ... "			