

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/09/2013
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NAME OF PROVIDER OR SUPPLIER AT YOUR SERVICE HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4701 N KEYSTONE AVE STE 200 INDIANAPOLIS, IN 46205
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: January 7-9, 2013</p> <p>Facility Number: 002305</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor Kelly Ennis, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 0 Home Health Aide Only: 167 Personal Care Only: 76 Total: 243</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 14, 2013</p>	N0000		

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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N0442	<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 policy review, document review, website review, and interview, the agency failed to ensure the governing body notified the SA (State Agency) of current branch information for 1 of 1 home health agencies reviewed with the potential to affect all patients who receive services from the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The undated facility policy titled "Section I - Organizational Guidelines" states, "The Board of Directors assumes full legal authority and responsibility for the operation of the Agency, including the Agency's management and fiscal affairs." 2. Indiana State Department of Health documentation indicated current branches for At Your Service Home Care, Inc. included At Your 	N0442	<p>The policy and procedure manual was approved by the board of directors on 6/22/2011 which includes the policy titled, "Organizational Guidelines." The date of this approval and all future reviews and approvals will be kept on a cover sheet in the policy manual. A notification letter has been sent to ISDH for the closure of the Kokomo Branch. All clients will be listed in Electronic Medical Records system as Central Branch. The only office location listed on the Admission packet will be the central office. All documents on website will be update dated to reflect the current office location. A copy of the letter notifying ISDH of the Kokomo Branch closure will be kept in the ISDH binder. Documents on website will be updated to reflect current information. Policies will be reviewed and approved by the Executive Committee on 2/5/2013 and at the 2/20/2013 Board of Directors meeting. Administrator</p>	02/05/2013			

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	<p>Service Home Inc, 2800 South Reed Road, 2nd floor, suite 1, Kokomo, Indiana.</p> <p>3. During the entrance conference on 1/7/13 at 10:10 AM, employee C, Administrator, indicated the agency had no branch offices. Employee C indicated the Kokomo office was closed and had been closed prior to him assuming the position of Administrator.</p> <p>4. On 1/7/13 at 11:00 AM, employee C, Administrator, presented a document titled "Admissions by Branch Report." Page 4 of the document was titled "At Your Service - Kokomo Branch" and contained a listing of patients in the Kokomo area.</p> <p>5. On 1/7/13 at 12:30 PM, employee C, Administrator, presented the admission packet for "At Your Service Home Care Inc." to the surveyor for review. On the back of the admission packet folder, the following locations were listed:</p> <p>A. Home Office: 4701 N. Keystone Ave. Suite 400, Indianapolis, IN 46205 (317) 722-8220; (317) 722-8290 Fax</p> <p>B. Kokomo Branch: 2800 S. Reed</p>		will conduct an annual audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.	

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	<p>Rd. 2nd Floor Suite 1 Kokomo, Indiana 46902 (765) 626-1021; (765) 626-1022 Fax</p> <p>6. On 1/8/13 at 1:35 PM, a visit was made to the address listed on the admission packet for At your Service Home Care, Inc branch location in Kokomo, Indiana. Upon arrival, the door was locked. The door had a sign on it that said "VNS at St. Francis Homecare. Hours of operation Monday, Wednesday, Friday 8 am-Noon or by appointment." The phone number listed on the door was 765-453-8357, which was different from the phone number listed on the At your Service Home Care, Inc admission folder. A license could be seen hanging inside the office that said "VNS at St. Francis, Inc. Visiting Nurse Service. 4701 N. Keystone Ave, Indianapolis, IN license #12-005250-1."</p> <p>7. On 1/8/13 at 3:30 PM, review of the At Your Service Home Care, Inc website located at http://www.atyourservicehomecare.org contained the following information:</p> <p>A. On the main page, under the tab titled "Needs Assessment", there is a link titled "Questions for Determining your Home Health Care Needs."</p>						

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	<p>Clicking on this link brings up a brochure titled "Questions for Determining Your Home Health Care Needs." At the bottom of the document, the Kokomo branch is listed.</p> <p>B. On the main page, under the tab titled "Needs Assessment", there is a link titled "Fall Risk Assessment." Clicking on this link brings up word document titled "Are you at Risk for Falling?" At the bottom of the document, the Kokomo branch is listed.</p> <p>C. On the main page, under the tab titled "Needs Assessment", there is a link titled "Medical Alert Survey." Clicking on this link brings up word document titled "Is it time for a medical alert service?" At the bottom of the document, the Kokomo branch is listed.</p> <p>8. On 1/8/13 at 3:45 PM, an interview took place with employee C, Administrator, and employee S, Registered Nurse. When asked they their admission packet listed Kokomo as a branch office, they indicated they needed to update their public information but once again stated the Kokomo office was closed and was only used by Visiting Nurse Services</p>						

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	as a branch. The administrator was unable to provide any documentation to verify the state had been notified in writing of the branch closure.			

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N0447	<p>410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (4) Ensure the accuracy of public information materials and activities.</p> <p>Based on policy review, document review, website review, and interview, the agency failed to ensure the administrator ensured the accuracy of public information for 1 of 1 home health agencies reviewed with the potential to affect all patients who receive services from the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> The undated facility policy titled "Section I - Organizational Guidelines" states, "The Board of Directors assumes full legal authority and responsibility for the operation of the Agency, including the Agency's management and fiscal affairs." Indiana State Department of Health documentation indicated current branches for At Your Service Home Care, Inc. included At Your Service Home Inc, 2800 South Reed Road, 2nd floor, suite 1, Kokomo, Indiana. 	N0447	<p>The policy and procedure manual was approved by the board of directors on 6/22/2011 which includes the policy titled, "Organizational Guidelines." The date of this approval and all future reviews and approvals will be kept on a cover sheet in the policy manual. A notification letter has been sent to ISDH for the closure of the Kokomo Branch. All clients will be listed in Electronic Medical Records system as Central Branch. The only office location listed on the Admission packet will be the central office. All documents on website will be update dated to reflect the current office location. A copy of the letter notifying ISDH of the Kokomo Branch closure will be kept in the ISDH binder. Documents on website will be updated to reflect current information. Policies will be reviewed and approved by the Executive Committee on 2/5/2013 and at the 2/20/2013 Board of Directors meeting. Administrator will conduct an annual audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected</p>	02/05/2013

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	<p>3. During the entrance conference on 1/7/13 at 10:10 AM, employee C, Administrator, indicated the agency had no branch offices. Employee C indicated the Kokomo office was closed and had been closed prior to him assuming the position of Administrator.</p> <p>4. On 1/7/13 at 11:00 AM, employee C, Administrator, presented a document titled "Admissions by Branch Report." Page 4 of the document was titled "At Your Service - Kokomo Branch" and contained a listing of patients in the Kokomo area.</p> <p>5. On 1/7/13 at 12:30 PM, employee C, Administrator, presented the admission packet for "At Your Service Home Care Inc." to the surveyor for review. On the back of the admission packet folder, the following locations were listed:</p> <p>A. Home Office: 4701 N. Keystone Ave. Suite 400, Indianapolis, IN 46205 (317) 722-8220; (317) 722-8290 Fax</p> <p>B. Kokomo Branch: 2800 S. Reed Rd. 2nd Floor Suite 1 Kokomo, Indiana 46902 (765) 626-1021; (765) 626-1022 Fax</p>		and will not recur.				

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	<p>6. On 1/8/13 at 1:35 PM, a visit was made to the address listed on the admission packet for At your Service Home Care, Inc branch location in Kokomo, Indiana. Upon arrival, the door was locked. The door had a sign on it that said "VNS at St. Francis Homecare. Hours of operation Monday, Wednesday, Friday 8 am-Noon or by appointment." The phone number listed on the door was 765-453-8357, which was different from the phone number listed on the At your Service Home Care, Inc admission folder. A license could be seen hanging inside the office that said "VNS at St. Francis, Inc. Visiting Nurse Service. 4701 N. Keystone Ave, Indianapolis, IN license #12-005250-1."</p> <p>7. On 1/8/13 at 3:30 PM, review of the At Your Service Home Care, Inc website located at http://www.atyourservicehomecare.org contained the following information:</p> <p>A. On the main page, under the tab titled "Needs Assessment", there is a link titled "Questions for Determining your Home Health Care Needs." Clicking on this link brings up a brochure titled "Questions for Determining Your Home Health Care</p>			
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	<p>Needs." At the bottom of the document, the Kokomo branch is listed.</p> <p>B. On the main page, under the tab titled "Needs Assessment", there is a link titled "Fall Risk Assessment." Clicking on this link brings up word document titled "Are you at Risk for Falling?" At the bottom of the document, the Kokomo branch is listed.</p> <p>C. On the main page, under the tab titled "Needs Assessment", there is a link titled "Medical Alert Survey." Clicking on this link brings up word document titled "Is it time for a medical alert service?" At the bottom of the document, the Kokomo branch is listed.</p> <p>8. On 1/8/13 at 3:45 PM, an interview took place with employee C, Administrator, and employee S, Registered Nurse. When asked they their admission packet listed Kokomo as a branch office, they indicated they needed to update their public information but once again stated the Kokomo office was closed and was only used by Visiting Nurse Services as a branch. The administrator was unable to provide any documentation to verify the state had been notified in</p>			

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	writing of the branch closure.				

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N0456	<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 policy review, document review, and interview, the agency failed to ensure the agency developed, implemented, maintained and evaluated a quality assessment and performance improvement program that reflected the complexity of the home health organization and services and was designed to take actions that resulted in improvements in the agency using objective measures for 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>The findings include:</p> <p>1. The undated facility policy titled "Section I - Organizational Guidelines", states, "Duties of the Board of Directors: ... Allocate resources for the implementation of an Agency wide performance improvement program, and at least annually receive reports and approve</p>	N0456	<p>Tracking tools will be implemented to objectively and systematically monitor and evaluate the quality and appropriateness of patient care. The information gathered from these tools will be reviewed, evaluated and trended quarterly. A summary will be presented to the board of directors on an ongoing basis. Administrator will conduct a quarterly audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>	02/05/2013			

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	<p>the Agency performance improvement activities."</p> <p>2. The undated document titled "At Your Service Home Care, Inc. Performance Improvement Plan 2011-2012" states, "The Quality Assessment and Performance Improvement (QAPI) Process is the cycle utilized by AYSHC for Continuous Quality Improvement. QA continuous cycle determines measures, collects data, analyzes/reports data and reviews and identifies "gaps". PI continuous cycle selects PI projects, collects data, develops PI plan, implements PI plan and reviews and identifies 'gaps'."</p> <p>3. On 1/7/13 at 10:30 AM, employee C, Administrator, was asked to describe his Quality Assurance Program. Employee C indicated the patients were sent patient satisfaction surveys and those were reviewed. He also indicated the incident report log was reviewed as well.</p> <p>4. On 1/9/13 at 4:45 PM, employee C, Administrator was asked if any further documentation could be provided to evidence the administrator had developed and implemented and ongoing and</p>			

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	<p>objective quality assurance program as described in the document titled "At Your Service Home Care, Inc. Performance Improvement Plan 2011-2012." The administrator indicated there was nothing kept in writing to show any quality assurance program existed other than the patient satisfaction surveys.</p>			

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N0470	<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 policy review, job description review, observation, and interview, the agency failed to ensure the home health agency's infection control policies were followed during 1 of 3 home visits with the potential to affect all the patients seen by employee F. (#2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled "OSHA Regulations / Infection Control / Exposure Control Plan" policy number 4.1 undated states, "Frequent hand washing by home health care employees: Before and after the provision of direct and indirect client care ... After handling soiled or contaminated materials ... After removing gloves." 2. Facility policy titled "Universal Precautions For All Health Care Workers" policy number 4.6 undated states, "When gloves are removed, thorough handwashing is required. Gloves <u>do not</u> take the place of handwashing." 	N0470	<p>The policies titled "OSHA Regulations /Infection Control / Exposure Control Plan", and "Universal Precautions for all Healthcare Workers," were approved by the Board of directors on 6/22/11. The date of this approval and all future reviews and approvals will be kept on a cover sheet in the policy manual. A mandatory in-service will be held with all direct care staff by 2/5/2013 covering standard precautions and proper glove and hand washing techniques. These policies, along with their job descriptions, will be reviewed with all direct care staff. Policies will be reviewed and approved by the Executive Committee on 2/5/2013 and at the 2/20/2013 Board of Directors meeting. Administrator will conduct an annual audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>	02/05/2013			

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	<p>3. The undated Job Description titled "Home Health Aide" states, "Must follow Universal Precautions when providing direct patient care."</p> <p>4. During a home visit on 1/7/13 at 1:45 PM, employee F, Home Health Aide (HHA), washed hands with soap and water and put on gloves. The patient immediately requested a milk jug that was filled with urine to be discarded. The HHA touched the jug with gloved hand and discarded urine. The HHA then applied new gloves, with no hand sanitation prior, and performed shower care. When the shower care was complete, the HHA assisted the patient out of the bathtub and helped the patient to the bedroom. The patient sat on the bed and requested the HHA to discard a second milk jug filled with urine that was lying on the floor of the bedroom. The HHA discarded the jug of urine and immediately proceeded to dry the patient's body, with no glove change or hand sanitation prior.</p> <p>5. During an interview on 1/9/13 at 4:27 PM, employee C, Administrator, indicated the HHA should have washed her hands between glove changes.</p>			

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N0472	<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 policy review, document review, and interview, the agency failed to ensure the agency developed, implemented, maintained and evaluated a quality assessment and performance improvement program that reflected the complexity of the home health organization and services and was designed to take actions that resulted in improvements in the agency using objective measures for 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>The findings include:</p> <p>1. The undated facility policy titled "Section I - Organizational Guidelines", states, "Duties of the Board of Directors: ... Allocate</p>	N0472	<p>Tracking tools will be implemented to objectively and systematically monitor and evaluate the quality and appropriateness of patient care. The information gathered from these tools will be reviewed, evaluated and trended quarterly. A summary will be presented to the board of directors on an ongoing basis. Administrator will conduct a quarterly audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>	02/05/2013			

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	<p>resources for the implementation of an Agency wide performance improvement program, and at least annually receive reports and approve the Agency performance improvement activities."</p> <p>2. The undated document titled "At Your Service Home Care, Inc. Performance Improvement Plan 2011-2012" states, "The Quality Assessment and Performance Improvement (QAPI) Process is the cycle utilized by AYSHC for Continuous Quality Improvement. QA continuous cycle determines measures, collects data, analyzes/reports data and reviews and identifies "gaps". PI continuous cycle selects PI projects, collects data, develops PI plan, implements PI plan and reviews and identifies 'gaps'."</p> <p>3. On 1/7/13 at 10:30 AM, employee C, Administrator, was asked to describe his Quality Assurance Program. Employee C indicated the patients were sent patient satisfaction surveys and those were reviewed. He also indicated the incident report log was reviewed as well.</p> <p>4. On 1/9/13 at 4:45 PM, employee C, Administrator was asked if any</p>			

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	<p>further documentation could be provided to evidence the administrator had developed and implemented and ongoing and objective quality assurance program as described in the document titled "At Your Service Home Care, Inc. Performance Improvement Plan 2011-2012." The administrator indicated there was nothing kept in writing to show any quality assurance program existed other than the patient satisfaction surveys.</p>			

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N0522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on job description review, observation, and clinical record review, the agency failed to ensure the registered nurse followed the plan of care in 1 of 5 records reviewed of patients receiving skilled nursing services with the potential to affect all patient's of the agency who receive skilled nursing services (#1) and failed to ensure the home health aide followed the plan of care in 2 of 5 records reviewed with the potential to affect all patients of the agency who receive home health aide services. (#1 and #5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> The undated Job Description titled "Home Health Aide" states, "Carries out assignment as instructed by the nurse and reports to the nurse when is unable to do so." Clinical record #5, start of care 12/19/11 included a Home Health Certification and Plan of Care dated 12/13/12 to 2/10/13 with orders 	N0522	<p>The Home Health Aide job description has been updated on 1/24/2013, and will be reviewed with all aides highlighting the communication between the aide and the nurse. HHA's will sign updated job description. An updated plan of care will be kept in the aide's binder for review prior to entering the client's home. Vital signs will be recorded on all nurse assessment visits. Vital signs have been added to the chart review tool, and will be monitored during the quarterly chart audit process. Administrator will conduct an annual audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.</p>	02/05/2013			

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	<p>orders for the Home Health Aide to perform "bathing and personal care needs" to include assist with shower, hair care, shampoo, assist with dressing, meal or snack prep, assist ambulation with walker, assist ambulation with crutches, assist with transfer, universal precautions each visit, errands, accompany to Dr/Clinic, clean kitchen / dining room, clean living room, clean bathroom, laundry, trash / remove, mop, sweep, vacuum, clean toilet, clean shower / tub, change bed linen, and make bed.</p> <p>A. Review of the Home Health Aide notes dated 12/10/12, 12/17/12, 12/19/12, 12/26/12, 1/2/13, and 1/7/13 evidenced skin care was performed, but this was not on the plan of care.</p> <p>B. Review of the Home Health Aide note dated 12/12/12 evidenced nail care and skin care were performed, but this was not on the plan of care.</p> <p>C. Review of the Home Health Aide note dated 12/24/12 evidenced mouth care and skin care were performed, but this was not on the plan of care.</p> <p>3. Clinical record #1, start of care 11/12/07, contained a plan of care dated 10/16/12 - 12/14/12 and a plan of care</p>			

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	<p>dated 12/15/12 - 02/12/13. The plans of care included orders for "SN [Skilled Nurse] to assess performance of secondary clinician, vital signs and safety" and orders for the Home Health Aide to perform "safe personal care" to include assist with shower, hair care, shampoo, oral hygiene, assist with dressing, skin care, meal or snack prep, assist ambulation with walker, transfer to wheelchair, clean kitchen / dining room, clean living room, clean bathroom, dusting, mopping, sweeping, vacuum, and make bed.</p> <p>A. Review of the nursing assessment dated 12/3/12, completed by employee S, Registered Nurse (RN), failed to evidence any vital signs were taken.</p> <p>B. Review of the Home Health Aide note dated 12/7/12, completed by employee P, Home Health Aide (HHA), evidenced the HHA shaved the patient. This was not on the plan of care.</p> <p>C. During a Home visit on 1/7/12 at 12:45 PM, employee P, HHA, shaved the patient's face. This was not on the plan of care.</p>			

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N0524	<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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on observation and review of records, the agency failed to ensure the plan of care included all Durable Medical Equipment (DME) in 2 of 5 records reviewed with the potential to affect all the agency's patients. (#1 and #2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1, start of care 11/12/07, included a home health 	N0524	<p>During admission, the nurse will list all DME in the home. The DME list will be reviewed during the subsequent nursing assessment visits. The Home health aide will call the nurse if DME in the home changes. These changes will be reviewed with nurses and aides during a mandatory in-service to occur before 2/5/13. Administrator will conduct an annual audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected</p>	02/05/2013			

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	<p>certification and plans of treatment dated 10/16/12 to 12/14/12 and 12/15/12 to 2/12/13. Durable Medical Equipment (DME) listed on the plans of care included a wheelchair, walker, and hospital bed.</p> <p>During a home visit on 1/7/12 at 12:45 PM, an elevated toilet seat was observed in the bathroom. The plan of care failed to evidence an elevated toilet seat.</p> <p>3. Clinical record #2, start of care 3/12/09, included a home health certification and plan of treatment dated 12/21/12 to 2/18/13. DME listed on the plan of care included a wheelchair and walker.</p> <p>During a home visit on 1/7/12 at 1:45 PM, an elevated toilet seat was observed in bathroom. The plan of care failed to evidence an elevated toilet seat.</p>		and will not recur.	

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N0537	<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:</p> <p>Based on clinical record review, the home health agency failed to provide skilled nursing services in accordance with the plan of care in 1 of 5 records reviewed with the potential to affect all the agency's patients that receive skilled nurse services. (#1).</p> <p>The findings include:</p> <p>Clinical record #1, start of care 11/12/07, contained plans of care dated 10/16/12 - 12/14/12 and 12/15/12 - 02/12/13. The plans of care included orders for "SN [Skilled Nurse] to assess performance of secondary clinician, vital signs and safety." The nursing assessment dated 12/3/12, completed by employee S, Registered Nurse failed to evidence vital signs were taken.</p>	N0537	Vital signs will be recorded on all nurse assessment visits. Vital signs have been added to the chart review tool, and will be monitored during the quarterly chart audit process. Administrator will conduct an annual audit and will be responsible for monitoring these corrective actions to ensure that the deficiencies are corrected and will not recur.	02/05/2013			