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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K100 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/08/2013 |
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| NAME OF PROVIDER OR SUPPLIER RELIABLE HOME HEALTHCARE SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE 6801 LAKE PLAZA DRIVE, SUITE A107 INDIANAPOLIS, IN 46220 |
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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 |
|--------------------|--|---------------|---|----------------------|
| G000000 | <p>This visit was a Federal Home Health complaint investigation survey.</p> <p>Complaint number: IN00132212 - Substantiated: No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 8, 2013</p> <p>Facility number: 012999</p> <p>Medicaid Vendor Number: 201124380</p> <p>Surveyors: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader Dawn Snider, RN, Public Health Nurse Surveyor</p> <p>Reliable Home Healthcare Services is in compliance with 42 CFR 484.14 (c) as related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 16, 2013</p> | G000000 | | |

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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| N000000 | <p>This visit was a state Home Health complaint investigation survey.</p> <p>Complaint number: IN00132212 - Substantiated: State deficiency related to the allegation is cited.</p> <p>Survey dates: August 8, 2013</p> <p>Facility number: 012999</p> <p>Surveyors: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader Dawn Snider, RN, Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 16, 2013</p> | N000000 | | | |

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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.</p> <p>Based on policy review, personnel file review and interview, the agency failed to ensure home health aides (HHA) were entered on and in good standing on the state aide registry for 2 of 8 HHA files reviewed with the potential to affect all patients receiving HHA services. (A and E)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Policy titled "Home Health/Certified Nurse Aide Registry/Indiana State Board of Nursing" policy number 3.005.2, undated states, "The organization must determine if an applicant/employee is listed on the Indiana State Home Health Aide and/or CNA Registry or Indiana Board of Nursing in good standing." 2. Personnel file A, date of hire 5/30/13 with a first patient contact date of 6/11/13, failed to evidence the aide was entered on and in good standing on the state aide registry. 3. Personnel file E, date of hire 3/1/13 with a first patient contact date of | N000597 | <p>1) Director of Nursing or designee will review all home health aide employee files to ensure all aides have been listed on the Indiana State Aide Registry and are in good standing. 2) Director of Nursing or designee will ensure all aides have copy of registry verification in their employee file.3) All current aides who have not been placed on the registry will be put on registry by Director of Nursing or designee.4) Newly hired aides will be placed on Aide Registry, by Director of Nursing or designee, within 24 hours of completion of Aide Skills Competency.5) Director of Nursing or designee will check Aide Registry daily, on business days, to ensure aide is entered on the aide registry.6) Once aide is placed on the registry a copy of their certification will be placed in their employee file.7) When aide renews their aide certification(s), Director of Nursing or designee will verify their new certification(s) and place copy in their employee file.</p> | 08/23/2013 | |

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| | <p>4/5/13, failed to evidence the aide was entered on and in good standing on the state aide registry.</p> <p>4. During an interview on 8/8/13 at 5:10 PM, Employee J, Alternate Administrator, indicated employees A and E were not officially registered as HHAs. Employee I, Administrator, indicated Employee A, HHA, was caring for patients and eventually terminated before the agency applied for Employee A to be on the State Aide Registry.</p> | | | |