

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157172	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/17/2012
NAME OF PROVIDER OR SUPPLIER FAMILY HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 168 N 2ND ST DECATUR, IN 46733		
(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	
G0000	<p>This was a home health Federal recertification survey. This was a partial extended survey.</p> <p>Survey dates: 2/13 to 2/17/12.</p> <p>Facility #: IN005340.</p> <p>Medicare #: 157172.</p> <p>Surveyor: Miriam Bennett, RN, BSN</p> <p>Census: 162</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 20, 2012</p>	G0000	N000 Plan of Correction submitted February 29, 2012 by SueAnn Reynolds, Home Health Director.		

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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G0120	<p>The HHA also must disclose the following information to the State survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management:</p> <p>(1) The name and address of all persons with an ownership or control interest in the HHA as defined in §§420.201,420.202, and 420.206 of this chapter.</p> <p>(2) The name and address of each person who is an officer, a director, an agent or a managing employee of the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.</p> <p>(3) The name and address of the corporation, association, or other company that is responsible for the management of the HHA, and the name and address of the chief executive officer and the chairman of the board of directors of that corporation, association, or other company responsible for the management of the HHA.</p> <p>Based on interview and observation, the agency failed to notify the Indiana State Department of Health (ISDH) of a change in ownership, a change in management, and a change of address for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. On 2/13/12 at 9:00 AM, surveyor arrived at address 168 N. 2nd St, Decatur IN per information from ISDH to find a sign on the door indicating the agency moved to Berne IN with a phone number listed to contact the agency. Surveyor</p>	G0120	G120 The President &CEO of Family LifeCare forwarded a letter of communication to the attention of Ms. Hemmelgarn, Program Director,ISDH/Acute Care Division, via certified mail on February 20, 2012, to notify the ISDH of Family Home Care's change in location from 168 N 2 nd Street Decatur, IN 46733 to 265 W Water Street Berne, IN 46711 and that the Family LifeCare Governing Board had appointed Ms. Reynolds, President &CEO, as the Administrator of Family Home Care. In regards to the CHOW	02/20/2012
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	<p>called and verified the move.</p> <p>2. On 2/13/12 at 10:15 AM, employee J indicated the previous administrator left the agency on 1/18/12, and the agency moved to the Berne location in December 2011. A Change of Ownership (CHOW) took place 7/01/2011.</p> <p>3. ISDH had no documentation that the agency had a CHOW, had moved, or that there was a change in management.</p>		<p>process, on July 12, 2011, an "Application for License to Operate a Home Health Agency" was filed with the ISDH Program Coordinator, Ms. Barbara Nelson. A letter was received on July 25, 2011, from the ISDH Acute Care Division regarding the change of ownership. The opening paragraph stated, "This letter shall serve as confirmation of receipt of documentation regarding the change of ownership for Family Home Care. The direct owner changed from Adams County Memorial Hospital, EIN # 35-1470257 to Family Hospice of Northeast Indiana, Inc., (dba Family LifeCare) EIN # 35-2003105, effective July 1, 2011. In addition, the provider status changed from hospital based (151330) to free-standing."</p>		

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G0121	<p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on observation, interview, and review of policy, the agency failed to ensure the Home Health Aide complied with the agency's policies and procedures for 1 of 6 home visits with the potential to affect all of the patients the Aide provides care for. (employee F)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 2/14/12 at 1:30 PM during home visit for patient #10, Home Health Aide, employee F was observed providing a bed bath for the patient. Employee F did not change gloves during entire bath and including after cleaning feces, removing and re-applying nasal cannula for oxygen, before applying clean sheets to bed, before applying lotion to patient's skin, and prior to providing perineal care and Foley catheter care. The agency's Standard Precautions Hand Hygiene policy states, "Remove gloves upon tearing or soiling of gloves and perform appropriate hand hygiene ... employee will remove gloves and perform appropriate hand hygiene prior to touching any clean item (e.g., linens, clean Kleenex, laptop, etc.)." 	G0121	G121 The Aide Supervisor reviewed Standard Precautions Hand Hygiene policy and Giving a Bed Bath protocol with Home Health Aide, employee F on March 1, 2012. The Aide Supervisor will view employee F perform a bed bath on patient #10 to demonstrate compliance with Standard Precautions Hand Hygiene policy and Giving a Bed Bath protocol on March 1, 2012. The Aide Supervisor forwarded the Bed Bath protocol to all Home Health Aides prior to the Aide Staff Meeting that was conducted on February 23, 2012, for review. The Aide Supervisor will reinstruct all Home Health Aides on the Standard Precautions Hand Hygiene policy and the Giving a Bed Bath protocol on March 6, 2012. Home Health RNs were informed on February 29, 2012, that beginning March 1, 2012, that they will need to complete an Aide Supervisory Visit while the Home Health Aide is present at least 1 time per month for the next 3 months and document that the Home Health Aide is compliant with the Standard Precautions Hand Hygiene policy and/or Giving a Bed Bath protocol. If the Home Health Aides are 100% compliant with the Standard Precautions Hand Hygiene policy and/or	03/06/2012			

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	3. The agency's Giving a Bed Bath protocol states after performing procedure including washing the abdomen, "Rinse and dry the patient. Change gloves. Wash hands. Change water ... apply lotion, massage feet if patient desires. Check toenails. Change gloves. Wash hands. Change water ... wash back, etc. then ... apply lotions/skin barrier as needed. Change gloves. Dress patient."		Giving a Bed Bath protocol during the 3 months of Home Health Aide Supervisory Visits then the Home Health RNs can discontinue the necessity of observing the Home Health Aide once a month during an Aide Supervisory Visit. If an Aide is found to be noncompliant, the Home Health RN will communicate to the Aide Supervisor that individual reinstruction and competency check-off for the Aide is needed and the Aide will be monitored by the RN with an on-site Aide Supervisory Visit 1 time per month for 3 months. If the Home Health Aide is 100% compliant, the on-site Aide Supervisory Visit will be discontinued. The Home Health Coordinator/DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.		

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G0158	<p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on record review and interview, the agency failed to ensure services were provided as ordered on the Plan of Care (POC) for 1 of 12 records reviewed with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient #1 had a POC dated 8/1 to 9/29/11 with orders for skilled nursing to assess / instruct signs /symptoms to report to Medical Doctor (MD). A routine visit note dated 8/22/11 identified the patient's oxygen saturation was 86% at rest while utilizing 5 liters of oxygen per nasal cannula, heart rate was 112, pale in color, dyspneic, using accessory muscles to breathe, and fine crackles in upper lobes. The record failed to evidence this was reported to the MD. <p>The POC also included orders for Homemaker (HMK) services up to 1 hour 1 time a week for 9 weeks. The record failed to evidence a visit was made the week of 8/1/11.</p> <ol style="list-style-type: none"> 2. On 2/15/12 at 2:00 PM, employee K indicated there was no documentation found for a HMK visit the week of 	G0158	<p>G158 (1) The Home Health nursing staff was reinstructed to the RN Case Management responsibilities via an email on February 26, 2012, and verbal review between Home Care Coordinator, DON and RN Case Managers on February 28, 2012. The Home Health nursing staff will be reinstructed on March 5, 2012, per the "Coordination of Care" policy in that the means of communication, reporting, and the coordination of patient care per the plan of care will be documented in the clinical record. 10% of the Home Health ADC clinical records will be audited quarterly for evidence that the nurses are communicating and coordinating patient care per the plan of care with the physician. If 100% compliance for 3 quarters, the chart audit for this measurement will be discontinued. The Home Health Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. (2) Upon further discovery by the Home Health Coordinator after the completion of the Home Health Survey, the Homemaker documentation was erroneously combined on the same clinical note of the Home Health Aide's delivery of care that</p>	03/06/2012			

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	8/1/11.		was provided on the same day. The Home Health Aides have been instructed on March 6, 2012, that the clinical note will begin with the type of service provided (Homemaker, Home Health Aide, Respite) and then the date the service was provided. 10% of the Home Health ADC clinical records will be audited quarterly for evidence that the home health aides are beginning their documentation with the type of care they are to provide to the patient. If 100% compliance for 3 quarters, the chart audit for this measurement will be discontinued. The Home Health Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.		

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G0229	<p>The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks. Based on clinical record review and interview, the agency failed to ensure the Registered Nurse completed supervisory visits of the Home Health Aide every 14 days for 1 of 12 records reviewed of patients receiving skilled and Home Health Aide services for longer than 14 days with the potential to affect all the agency's patients receiving Home Health Aide care.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #12, start of care 11/30/11, evidenced the patient was receiving skilled and Home Health Aide Services. The record failed to evidence any supervisory visits were made between 12/8/11 and 12/28/11 and also failed to evidence any supervisory visits between 12/30/11 and 1/15/12. 2. On 2/16/12 at 3:45 PM, employee C indicated the supervisory visits were not completed. 	G0229	<p>G229 The Home Health nursing staff was instructed to the RN Case Management responsibilities via an email on February 26, 2012 and verbal review between Home Care Coordinator, DON and RN Case Managers on February 28, 2012. For easier identification to schedule 14-day Aide Supervisory Visits, the Home Health RNs were instructed individually the week of February 20, 2012 to start their clinical note with Supervisory Visit and reviewed between Home Care Coordinator, DON and RN nursing staff on February 28, 2012. The Home Health RNs have been instructed to the importance of maintaining compliance with the Aide Supervisory Visits of the Home Health Aide at least every 14 days. 10% of the Home Health ADC clinical records will be audited quarterly for evidence that the Aide Supervisory Visits are completed at least every 14 days and are beginning their documentation with Supervisory Visit. The Home Health Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	02/28/2012	

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N0000	<p>This was a home health State relicensure survey.</p> <p>Survey dates: 2/13 to 2/17/12.</p> <p>Facility #: IN005340.</p> <p>Medicare #: 157172.</p> <p>Surveyor: Miriam Bennett, RN, BSN</p> <p>Census: 162</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 20, 2012</p>	N0000	N000 Plan of Correction submitted February 29, 2012 by SueAnn Reynolds, Home Health Director.		

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N0408	<p>Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency.</p> <p>(2) Each person who is:</p> <p>(A) an officer;</p> <p>(B) a director;</p> <p>(C) a managing agent; or</p> <p>(D) a managing employee;</p> <p>of the home health agency and evidence supporting the qualifications required by this article.</p> <p>(3) The corporation, association, or other company that is responsible for the management of the home health agency.</p> <p>(4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on interview and observation, the agency failed to notify the Indiana State Department of Health (ISDH) of a change in ownership, a change in management, and a change of address for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. On 2/13/12 at 9:00 AM, surveyor arrived at address 168 N. 2nd St, Decatur IN per information from ISDH to find a</p>	N0408	N408 The President &CEO of Family LifeCare forwarded a letter of communication to the attention of Ms. Hemmelgarn, Program Director,ISDH/Acute Care Division, via certified mail on February 20, 2012, to notify the ISDH of Family Home Care's change in location from 168 N 2 nd Street Decatur, IN 46733 to 265 W Water Street Berne, IN 46711 and that the Family LifeCare Governing Board had appointed Ms. Reynolds,	02/20/2012
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	<p>sign on the door indicating the agency moved to Berne IN with a phone number listed to contact the agency. Surveyor called and verified the move.</p> <p>2. On 2/13/12 at 10:15 AM, employee J indicated the previous administrator left the agency on 1/18/12, and the agency moved to the Berne location in December 2011. A Change of Ownership (CHOW) took place 7/01/2011.</p> <p>3. ISDH had no documentation that the agency had a CHOW, had moved, or that there was a change in management.</p>		<p>President &CEO, as the Administrator of Family Home Care. In regards to the CHOW process, on July 12, 2011, an "Application for License to Operate a Home Health Agency" was filed with the ISDH Program Coordinator, Ms. Barbara Nelson. A letter was received on July 25, 2011, from the ISDH Acute Care Division regarding the change of ownership. The opening paragraph stated, "This letter shall serve as confirmation of receipt of documentation regarding the change of ownership for Family Home Care. The direct owner changed from Adams County Memorial Hospital, EIN # 35-1470257 to Family Hospice of Northeast Indiana, Inc., (dba Family LifeCare) EIN # 35-2003105, effective July 1, 2011. In addition, the provider status changed from hospital based (151330) to free-standing."</p>		

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N0470	<p>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, interview, and review of policy, the agency failed to ensure the Home Health Aide complied with the agency's hand hygiene policies and procedures for 1 of 6 home visits with the potential to affect all of the patients the Aide provides care for. (employee F)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 2/14/12 at 1:30 PM during home visit for patient #10, Home Health Aide, employee F was observed providing a bed bath for the patient. Employee F did not change gloves during entire bath and including after cleaning feces, removing and re-applying nasal cannula for oxygen, before applying clean sheets to bed, before applying lotion to patient's skin, and prior to providing perineal care and Foley catheter care. The agency's Standard Precautions Hand Hygiene policy states, "Remove gloves upon tearing or soiling of gloves and perform appropriate hand hygiene ... employee will remove gloves and perform appropriate hand hygiene prior to touching any clean item (e.g., linens, clean Kleenex, laptop, etc.)." 	N0470	N470 The Aide Supervisor reviewed Standard Precautions Hand Hygiene policy and Giving a Bed Bath protocol with Home Health Aide, employee F on March 1, 2012. The Aide Supervisor will view employee F perform a bed bath on patient #10 to demonstrate compliance with Standard Precautions Hand Hygiene policy and Giving a Bed Bath protocol on March 1, 2012. The Aide Supervisor forwarded the Bed Bath protocol to all Home Health Aides prior to the Aide Staff Meeting that was conducted on February 23, 2012, for review. The Aide Supervisor will reinstruct all Home Health Aides on the Standard Precautions Hand Hygiene policy and the Giving a Bed Bath protocol on March 6, 2012. Home Health RNs were informed on February 29, 2012, that beginning March 1, 2012, that they will need to complete an Aide Supervisory Visit while the Home Health Aide is present at least 1 time per month for the next 3 months and document that the Home Health Aide is compliant with the Standard Precautions Hand Hygiene policy and/or Giving a Bed Bath protocol. If the Home Health Aides are 100% compliant with the Standard Precautions	03/06/2012			

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	3. The agency's Giving a Bed Bath protocol states, after performing procedure including washing the abdomen, "Rinse and dry the patient. Change gloves. Wash hands. Change water ... apply lotion, massage feet if patient desires. Check toenails. Change gloves. Wash hands. Change water ... wash back, etc. then ... apply lotions/skin barrier as needed. Change gloves. Dress patient."		Hand Hygiene policy and/or Giving a Bed Bath protocol during the 3 months of Home Health Aide Supervisory Visits then the Home Health RNs can discontinue the necessity of observing the Home Health Aide once a month during an Aide Supervisory Visit. If an Aide is found to be noncompliant, the Home Health RN will communicate to the Aide Supervisor that individual reinstruction and competency check-off for the Aide is needed and the Aide will be monitored by the RN with an on-site Aide Supervisory Visit 1 time per month for 3 months. If the Home Health Aide is 100% compliant, the on-site Aide Supervisory Visit will be discontinued. The Home Health Coordinator/DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.		

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N0522	<p>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 record review and interview, the agency failed to ensure services were provided as ordered on the Plan of Care (POC) for 1 of 12 records reviewed with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient #1 had a POC dated 8/1 to 9/29/11 with orders for skilled nursing to assess / instruct signs /symptoms to report to Medical Doctor (MD). A routine visit note dated 8/22/11 identified the patient's oxygen saturation was 86% at rest while utilizing 5 liters of oxygen per nasal cannula, heart rate was 112, pale in color, dyspneic, using accessory muscles to breathe, and fine crackles in upper lobes. The record failed to evidence this was reported to the MD. <p>The POC also included orders for Homemaker (HMK) services up to 1 hour 1 time a week for 9 weeks. The record failed to evidence a visit was made the week of 8/1/11.</p> <ol style="list-style-type: none"> 2. On 2/15/12 at 2:00 PM, employee K indicated there was no documentation 	N0522	<p>N522 (1) The Home Health nursing staff was reinstructed to the RN Case Management responsibilities via an email on February 26, 2012, and verbal review between Home Care Coordinator, DON and RN Case Managers on February 28, 2012. The Home Health nursing staff will be reinstructed on March 5, 2012, per the "Coordination of Care" policy in that the means of communication, reporting, and the coordination of patient care per the plan of care will be documented in the clinical record. 10% of the Home Health ADC clinical records will be audited quarterly for evidence that the nurses are communicating and coordinating patient care per the plan of care with the physician. If 100% compliance for 3 quarters, the chart audit for this measurement will be discontinued. The Home Health Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. (2) Upon further discovery by the Home Health Coordinator after the completion of the Home Health Survey, the Homemaker documentation was erroneously combined on the same clinical note of the Home</p>	03/06/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157172	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/17/2012
NAME OF PROVIDER OR SUPPLIER FAMILY HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 168 N 2ND ST DECATUR, IN 46733		
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	found for a HMK visit the week of 8/1/11.		Health Aide's delivery of care that was provided on the same day. The Home Health Aides have been instructed on March 6, 2012, that the clinical note will begin with the type of service provided (Homemaker, Home Health Aide, Respite) and then the date the service was provided. 10% of the Home Health ADC clinical records will be audited quarterly for evidence that the home health aides are beginning their documentation with the type of care they are to provide to the patient. If 100% compliance for 3 quarters, the chart audit for this measurement will be discontinued. The Home Health Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.		