

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157647	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/30/2015
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NAME OF PROVIDER OR SUPPLIER  INDEPENDENCE HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8282 S NINEVEH RD NINEVEH, IN 46164
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G 000  Bldg. 00	<p>This was a home health agency federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: 4/28/2015 through 4/30/2015</p> <p>Facility Number: IN12830</p> <p>Medicaid Provider ID: 201079480</p> <p>Census Service Type: Skilled: 17 Home Health Aide Only: 2 Total: 19</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p>	G 000		
G 158  Bldg. 00	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a</p>			

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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	<p>doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record and agency policy review and interview, the home health agency failed to ensure care provided followed a written plan of care for 1 of 10 records reviewed ( record # 6).</p> <p>Findings:</p> <p>1) Clinical record number 6, start of care 1/16/2015, contained a plan of care effective 1/16/2015 through 3/16/2015. The plan of care included physician orders for home health aide visits 1 time weekly for 1 week and 2-3 times weekly for 8 weeks beginning the week of 1/18/2015. The home health aide visit notes failed to evidence that the aide provided care during the weeks of 1/18 through 1/24/2015 and 1/25/ through 1/31/2105.</p> <p>The plan of care included physician orders for skilled nursing visits 1 time weekly for 9 weeks beginning the week of 1/16/2015. The skilled nursing visit notes failed to evidence the nurse saw the patient for the weeks of 1/16 through 1/18/2015, 1/18 through 1/24/2015, and 1/25 through 1/31/2015.</p>	G 158	<p>G0158 The clinical director obtained additional guidance with handling initial assessments verses initial comprehensive assessment and coordinating with the physician for accurate SOC date when awaiting approval for prior authorizations to ensure that all frequency of disciplines are documented on the Plan of care and provided and changes are noted with physician interim orders when necessary and those interim orders are followed. Clinical Director In serviced case managers, office support, and all clinical staff on all above mentioned. This deficiency has been corrected as of 5-8-2015. 100% of all clinical records will be audited every month for three (3) months then quarterly for above compliance. The Clinical Director will be responsible for monitoring the corrective action to ensure this deficiency will not recur.</p>	05/08/2015			

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G 170 Bldg. 00	<p>2) In an interview with employee D, the agency's director of clinical service, on 4/28/2015 at 410 PM, the director stated that she understood and agreed that care was not provided to patient number 6 in accordance with the plan of care.</p> <p>3) An agency policy titled Care Plans dated 03/09/2012 states, " Purpose: To assure continuity and consistency between the disciplines providing care under the current plan. To focus interventions and frequency and duration based of the effectiveness of interventions and progress toward goals."</p> <p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>Based on clinical record and agency policy review and interview, the home health agency failed to ensure that skilled nursing services were provided in accordance with the plan of care for 1 of 10 clinical records reviewed (record number 6).</p> <p>Findings:</p>	G 170	G0170 The clinical director obtained additional guidance with handling initial assessments verses initial comprehensive assessment and coordinating with the physician for accurate SOC date when awaiting approval for prior authorizations to ensure that all skilled nursing services are documented on the Plan of care and provided and changes are noted with physician interim orders when necessary and those	05/08/2015

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	<p>1) Clinical record number 6, start of care 1/16/2015, contained a plan of care effective 1/16/2015 through 3/16/2015 with orders for skilled nursing visits 1 time weekly for 9 weeks beginning the week of 1/16/2015. The skilled nursing visit notes failed to evidence the nurse saw the patient for the weeks of 1/16 through 1/18/2015, 1/18 through 1/24/2015, and 1/25 through 1/31/2015.</p> <p>2) In an interview with employee D, the agency's director of clinical service, on 4/28/2015 at 410 PM, the director stated that she understood and agreed that care was not provided to patient number 6 in accordance with the plan of care.</p> <p>3) An agency policy titled Care Plans dated 03/09/2012 states, " Purpose: To assure continuity and consistency between the disciplines providing care under the current plan. To focus interventions and frequency and duration based of the effectiveness of interventions and progress toward goals."</p>		interim orders are followed. Clinical Director In serviced case managers, office support, and all clinical staff on all above mentioned. This deficiency has been corrected as of 5-8-2015. 100% of all clinical records will be audited every month for three (3) months then quarterly for above compliance. The Clinical Director will be responsible for monitoring the corrective action to ensure this deficiency will not recur.		

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G 332  Bldg. 00	<p>484.55(a)(1) INITIAL ASSESSMENT VISIT The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.</p> <p>Based on clinical record and agency police review and interview, the home health agency failed to ensure the initial assessment visit was completed with 48 hours of referral or on the physician ordered start of care date for 1 of 10 clinical records reviewed. (clinical record #1)</p> <p>Findings:</p> <p>1) Clinical record #1, start of care 10/11/2014, included an initial/comprehensive/ assessment with M0090 date of completion 10/11/2014. The M0104 date of referral is documented as 10/08/2014. The nursing notes failed to evidence an earlier initial assessment visit within 48 hours of the referral date.</p> <p>2) In an interview with employee D, the agency clinical director, on 4/29/2015 at 4 PM, the director noted that the the initial assessment was completed on 10/11/2014, greater than 48 hours from the referral date of 10/8/2014 and that there was no order from the physician for</p>			G 332	<p>G0332 The clinical director and administrator in serviced RN case managers, Physical Therapist, office support, and clinical staff with policy dated 03/09/2012, titled Patient Admission Process Stating, "The initial assessment will be completed within 48 hours of referral or within 48 hours of the patient's return home or on the physician ordered start of care date." Ensuring accurate timeless of initial assessment and SOC date for all patients. This deficiency has been corrected as of 5-8-2015. 100% of all clinical records will be audited every month for three (3) months then quarterly for above compliance. The Clinical Director will be responsible for monitoring the corrective action to ensure this deficiency will not recur.</p>		05/08/2015

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N 000  Bldg. 00	<p>a later start of care date.</p> <p>3) An agency policy dated 03/09/12, titled Patient Admission Process states, "The initial assessment will be completed within 48 hours of referral or within 48 hours of the patient's return home or on the physician ordered start of care date."</p> <p>This was a home health agency state relicensure survey.</p> <p>Survey Dates: 4/28/2015 through 4/30/2015</p> <p>Facility Number: IN12830</p> <p>Medicaid Provider ID: 201079480</p> <p>Census Service Type: Skilled: 17 Home Health Aide Only: 2 Total: 19</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5</p>	N 000		

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N 522 Bldg. 00	<p>Total: 10</p> <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 clinical record and agency policy review and interview, the home health agency failed to ensure care provided followed a written plan of care for 1 of 10 records reviewed ( record # 6).</p> <p>Findings:</p> <p>1) Clinical record number 6, start of care 1/16/2015, contained a plan of care effective 1/16/2015 through 3/16/2015. The plan of care included physician orders for home health aide visits 1 time weekly for 1 week and 2-3 times weekly for 8 weeks beginning the week of 1/18/2015. The home health aide visit notes failed to evidence that the aide provided care during the weeks of 1/18 through 1/24/2015 and 1/25/ through 1/31/2105.</p>	N 522	N0522 The clinical director obtained additional guidance with handling initial assessments verses initial comprehensive assessment and coordinating with the physician for accurate SOC date when awaiting approval for prior authorizations to ensure that all frequency of disciplines are documented on the Plan of care and provided and changes are noted with physician interim orders when necessary and those interim orders are followed. Clinical Director In serviced case managers, office support, and all clinical staff on all above mentioned. This deficiency has been corrected as of 5-8-2015. 100% of all clinical records will be audited every month for three (3) months then quarterly for above compliance. The Clinical Director will be responsible for monitoring the corrective action to ensure this deficiency will not recur.	05/08/2015

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N 537  Bldg. 00	<p>The plan of care included physician orders for skilled nursing visits 1 time weekly for 9 weeks beginning the week of 1/16/2015. The skilled nursing visit notes failed to evidence the nurse saw the patient for the weeks of 1/16 through 1/18/2015, 1/18 through 1/24/2015, and 1/25 through 1/31/2015.</p> <p>2) In an interview with employee D, the agency's director of clinical service, on 4/28/2015 at 410 PM, the director stated that she understood and agreed that care was not provided to patient number 6 in accordance with the plan of care.</p> <p>3) An agency policy titled Care Plans dated 03/09/2012 states, " Purpose: To assure continuity and consistency between the disciplines providing care under the current plan. To focus interventions and frequency and duration based of the effectiveness of interventions and progress toward goals."</p> <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</p>			

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	<p>nurse in accordance with the medical plan of care as follows: Based on clinical record and agency policy review and interview, the home health agency failed to ensure that skilled nursing services were provided in accordance with the plan of care for 1 of 10 clinical records reviewed (record number 6).</p> <p>Findings:</p> <p>1) Clinical record number 6, start of care 1/16/2015, contained a plan of care effective 1/16/2015 through 3/16/2015 with orders for skilled nursing visits 1 time weekly for 9 weeks beginning the week of 1/16/2015. The skilled nursing visit notes failed to evidence the nurse saw the patient for the weeks of 1/16 through 1/18/2015, 1/18 through 1/24/2015, and 1/25 through 1/31/2015.</p> <p>2) In an interview with employee D, the agency's director of clinical service, on 4/28/2015 at 410 PM, the director stated that she understood and agreed that care was not provided to patient number 6 in accordance with the plan of care.</p> <p>3) An agency policy titled Care Plans dated 03/09/2012 states, " Purpose: To assure continuity and consistency</p>	N 537	<p>N0537 The clinical director obtained additional guidance with handling initial assessments verses initial comprehensive assessment and coordinating with the physician for accurate SOC date when awaiting approval for prior authorizations to ensure that all skilled nursing services are documented on the Plan of care and provided and changes are noted with physician interim orders when necessary and those interim orders are followed. Clinical Director In serviced case managers, office support, and all clinical staff on all above mentioned. This deficiency has been corrected as of 5-8-2015. 100% of all clinical records will be audited every month for three (3) months then quarterly for above compliance. The Clinical Director will be responsible for monitoring the corrective action to ensure this deficiency will not recur.</p>	05/08/2015	

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	between the disciplines providing care under the current plan. To focus interventions and frequency and duration based of the effectiveness of interventions and progress toward goals."				