

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157452	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/19/2013
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NAME OF PROVIDER OR SUPPLIER NEW HORIZONS HOME HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 621 BROADWAY NEW HAVEN, IN 46774
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G000000	<p>This was a home health Federal complaint investigation survey.</p> <p>Complaint #: IN00123532 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency is cited.</p> <p>Survey Dates: February 18 and 19, 2013.</p> <p>Facility #: IN009116.</p> <p>Medicaid Vendor #: 200081820.</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 21, 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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G000239	<p>484.48(b) PROTECTION OF RECORDS Clinical record information is safeguarded against loss or unauthorized use. Based on policy review, observation, and interview, the agency failed to ensure the closed clinical records were stored in a secure area for 1 of 1 agency with the potential to affect all the retained clinical records.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 2/18/13 at 12:45 PM, the basement was observed to store closed clinical records. The basement stairwell and clinical record retention area did not have a door. Supply shelving was used to serve as the wall for the area, a board was used as a door, and clinical records for retention were stored in plastic tubs on open shelving. On 2/18/13 at 12:45 PM, employee A indicated no one has access to the clinical record retention area except for office staff, and employees who need to use the bathroom, located in the basement, are accompanied by office staff to ensure the retention area is not accessed. On 2/19/13 at 1:15 PM, employee A indicated the only employees with key access to the building were the Administrator, Director of Nursing, 	G000239	<ol style="list-style-type: none"> Agency reviewed Federal regulation G239 484.48(b) and State rule N614 410 IAC 17-15-1(c) with agency's policy and procedures for safeguarding clinical records against loss or unauthorized use to ensure agency meets the stated regulation/rule and is following agency procedures. All clinical record information storage has been reviewed. Clinical records for agency are stored in a secure area with access by authorized professional and clerical staff only. Agency will continue to utilized locked building and limit building keys with security codes to authorized personnel only. By 03/08/13 all agency office staff will have reviewed agency policy and procedure for the protection/release of clinical records and agree to remain diligent in following the policies of agency. Administrator will monitor continued compliance with agency policy by interviewing each office member at least 1x during each month x 6 months to ensure understanding and compliance of this policy and procedure. 	03/08/2013	

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	<p>Human Resources Director, and the Office Assistant. The agency has a sign on the front desk indicating no one is allowed past the front desk without assistance and approval. Employee A also indicated this was the only option for storing the closed records.</p> <p>4. The agency's undated policy titled "Protection/Release of Clinical Records" states, "3) the clinical records shall be stored in a secure area with access by authorized professional and clerical staff only."</p>		<p>Administrator will visually monitor compliance while in the building during normal business hours x 6 months and will document any non-compliance observed and retrain involved staff member as needed.</p>		

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N000000	<p>This was a home health State complaint investigation survey.</p> <p>Complaint #: IN00123532 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency is cited.</p> <p>Survey Dates: February 18 and 19, 2013.</p> <p>Facility #: IN009116.</p> <p>Medicaid Vendor #: 200081820.</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 21, 2013</p>	N000000			

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N000614	<p>410 IAC 17-15-1(c) Clinical Records Rule 15 Sec. 1(c) Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern use and removal of records and conditions for release of information. Patient's written consent shall be required for release of information not authorized by law. Current service files shall be maintained at the parent or branch office from which the services are provided until the patient is discharged from service. Closed files may be stored away from the parent or branch office provided they can be returned to the office within seventy-two (72) hours. Closed files do not become current service files if the patient is readmitted to service.</p> <p>Based on policy review, observation, and interview, the agency failed to ensure the closed clinical records were stored in a secure area for 1 of 1 agency with the potential to affect all the retained clinical records.</p> <p>Findings include:</p> <p>1. On 2/18/13 at 12:45 PM, the basement was observed to store closed clinical records. The basement stairwell and clinical record retention area did not have a door. Supply shelving was used to serve as the wall for the area, a board was used as a door, and clinical records for retention were stored in plastic tubs on open shelving.</p>	N000614	<p>1. Agency reviewed Federal regulation G239 484.48(b) and State rule N614 410 IAC 17-15-1(c) with agency's policy and procedures for safeguarding clinical records against loss or unauthorized use to ensure agency meets the stated regulation/rule and is following agency procedures.</p> <p>2. All clinical record information storage has been reviewed. Clinical records for agency are stored in a secure area with access by authorized professional and clerical staff only.</p> <p>3. Agency will continue to utilized locked building and limit building keys with security codes to authorized personnel only. By</p>	03/08/2013			

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	<p>2. On 2/18/13 at 12:45 PM, employee A indicated no one has access to the clinical record retention area except for office staff, and employees who need to use the bathroom, located in the basement, are accompanied by office staff to ensure the retention area is not accessed.</p> <p>3. On 2/19/13 at 1:15 PM, employee A indicated the only employees with key access to the building were the Administrator, Director of Nursing, Human Resources Director, and the Office Assistant. The agency has a sign on the front desk indicating no one is allowed past the front desk without assistance and approval. Employee A also indicated this was the only option for storing the closed records.</p> <p>4. The agency's undated policy titled "Protection/Release of Clinical Records" states, "3) the clinical records shall be stored in a secure area with access by authorized professional and clerical staff only."</p>		<p>03/08/13 all agency office staff will have reviewed agency policy and procedure for the protection/release of clinical records and agree to remain diligent in following the policies of agency.</p> <p>4. Administrator will monitor continued compliance with agency policy by interviewing each office member at least 1x during each month x 6 months to ensure understanding and compliance of this policy and procedure. Administrator will visually monitor compliance while in the building during normal business hours x 6 months and will document any non-compliance observed and retrain involved staff member as needed.</p>		