

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157223	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/13/2013
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NAME OF PROVIDER OR SUPPLIER  CARE ONE HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 14649 HIGHWAY 41 NORTH, SUITE 200 EVANSVILLE, IN 47725
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G000000	<p>This was a revisit for the extended federal home health recertification survey completed on 5-1-13.</p> <p>Survey Date: 6-13-13</p> <p>Facility #: 005940</p> <p>Medicaid Vendor #: 100265601A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>One condition and 11 standards were found to be corrected. One standard was re-cited.</p> <p>Care One Home Health continues to be precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 5-8-13 due to being found out of compliance with Condition of Participation 42 CFR 484.58 Acceptance of Patients, Plan of Care, and Medical Supervision.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">June 17, 2013</p>	G000000	<p>The submission of this Plan of Correction does not indicate an admission by Care One Home Health that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the patients of Care One Home Health. This Home Health Agency recognized its obligation to provide legally and medically necessary care and services to its patients in an economic and efficient manner. Care One Home Health hereby maintains it is in substantial compliance with the requirements of participation for home health agencies. To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this agency. It is thus submitted as a a matter of statute only.</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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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record review and interview, the agency failed to ensure services had been provided in accordance with the plan of care and agency policy in 1 (# 17) of 3 records reviewed creating the potential to affect all of the agency's current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Clinical record number 17 included a plan of care established by the physician for the certification period 6-8-13 to 8-6-13 that states, "MSS [medical social services] 1 day 1 MSW [medical social worker] to eval [evaluate] and work with pt [patient] on community resources. Eval safety in home and ability to live alone."</li> </ol> <p>A. The record failed to evidence the MSS evaluation had been completed within 48 hours as required by agency policy.</p> <p>B. The supervising nurse, employee B, indicated, on 6-13-13 at 10:00 AM, the MSS evaluation had not been completed</p>	G000158	<p>MSW did contact the patient on 6.10.13; patient requested visit for 6.14.13, due to multiple disciplines in the home; late entry for that communication documented by MSW on 6.13.13. All RN's and all MSW's to be re-educated, by Administrator or designee, on the agency's policy of completing all evaluations, including MSW evaluations, within 48 hours, and documenting such evaluations or conversations with the patient or caregiver within 24 hours, by 7.12.13. All RN's and MSW's to be re-educated on following the written plan of care established and periodically reviewed by the physician by 7.12.13. Administrator or designee to audit 50% of all MSW evaluations for timeliness for 30 days, then 10% for 3 months. QA team to determine when audits are sufficient, after 3 months, and can cease.</p>	07/12/2013	

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	<p>within 48 hours. The employee stated, "The MSW talked to the patient on Monday, 6-10-13, and the patient requested the 14th. The MSW did not document having talked to the patient.</p> <p>2. The agency's February 2007 "Acceptance of Clients" policy number 3001 states, "If to be evaluated, calls and schedules visit with applicant or applicant's family within 48 hours of approved referral (MD order and all needed information completed.)"</p>			

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N000000	<p>This was a revisit for the State home health relicensure survey completed on 5-1-13.</p> <p>Survey Date: 6-13-13</p> <p>Facility #: 005940</p> <p>Medicaid Vendor #: 100265601A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Eight (8) deficiencies were found to be corrected. Two (2) deficiencies were re-cited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">June 17, 2013</p>	N000000		

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N000458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> <li>(1) Receipt of job description.</li> <li>(2) Qualifications.</li> <li>(3) A copy of limited criminal history pursuant to IC 16-27-2.</li> <li>(4) A copy of current license, certification, or registration.</li> <li>(5) Annual performance evaluations.</li> </ol> <p>Based on personnel file review and interview, the agency failed to ensure personnel files included copies of limited criminal histories pursuant to IC 16-27-2 in 2 (files H and I) of 2 employee files reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel file H evidenced the individual had been hired on 12-10-12 to provide skilled nursing services on behalf of the agency. The file failed to evidence a criminal history from the Indiana central repository for criminal history information had been obtained.</li> <li>2. Personnel file I evidenced the</li> </ol>	N000458	All employees have required criminal history checks on file through Sterling Infosystems, Inc.; however, agency will re-run every employee's limited criminal history, through the Indiana State Police Repository, by 7.12.13. All managers to be in-serviced, by Administrator or designee, on utilizing the limited criminal history check through the Indiana State Police Repository only, by 7.12.13. Administrator or designee to audit 100% of all new hires for the limited criminal history check for 3 months, then 10% PRN. QA team to determine, after 3 months, when audits are sufficient and can cease.	07/12/2013			

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	<p>individual had been hired on 5-21-12 to provide physical therapy services on behalf of the agency. The file failed to evidence a criminal history from the Indiana central repository for criminal history information had been obtained.</p> <p>3. The supervising nurse, employee B, indicated, on 6-13-13 at 9:45 AM, the agency had not obtained a criminal history from the Indiana Central repository as required by IC 16-27-2.</p>			

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N000522	<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: Based on clinical record review and interview, the agency failed to ensure services had been provided in accordance with the plan of care and agency policy in 1 (# 17) of 3 records reviewed creating the potential to affect all of the agency's current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a plan of care established by the physician for the certification period 6-8-13 to 8-6-13 that states, "MSS [medical social services] 1 day 1 MSW [medical social worker] to eval [evaluate] and work with pt [patient] on community resources. Eval safety in home and ability to live alone."</p> <p>A. The record failed to evidence the MSS evaluation had been completed within 48 hours as required by agency policy.</p> <p>B. The supervising nurse, employee B, indicated, on 6-13-13 at 10:00 AM, the MSS evaluation had not been completed</p>	N000522	<p>MSW did contact the patient on 6.10.13; patient requested visit for 6.14.13, due to multiple disciplines in the home; late entry for that communication documented by MSW on 6.13.13. All RN's and all MSW's to be re-educated, by Administrator or designee, on the agency's policy of completing all evaluations, including MSW evaluations, within 48 hours, and documenting such evaluations or conversations with the patient or caregiver within 24 hours, by 7.12.13. All RN's and MSW's to be re-educated on following the written plan of care established and periodically reviewed by the physician by 7.12.13. Administrator or designee to audit 50% of all MSW evaluations for timeliness for 30 days, then 10% for 3 months. QA team to determine when audits are sufficient, after 3 months, and can cease.</p>	07/12/2013			

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	<p>within 48 hours. The employee stated, "The MSW talked to the patient on Monday, 6-10-13, and the patient requested the 14th. The MSW did not document having talked to the patient.</p> <p>2. The agency's February 2007 "Acceptance of Clients" policy number 3001 states, "If to be evaluated, calls and schedules visit with applicant or applicant's family within 48 hours of approved referral (MD order and all needed information completed.)"</p>			