

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/12/2015 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER KAYLIN'S ANGELCARE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 127 SOUTH STATE STREET SOUTH WHITLEY, IN 46787 |
|--|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

| | | | | |
|---------|---|---------|--|--|
| N000000 | <p>This was an initial home health agency state license survey.</p> <p>Survey date: January 12, 2015</p> <p>Facility Number: 013554</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type:</p> <p>Skilled: 0 Home Health Aide Only: 0 Personal Service Only: 0 Total: 3</p> <p>The agency did not have any active patients at the time of the survey. Agency discharged 1 patient in November due to goals met, and 2 patients were discharged 12/30/14 due to change of payer source and transfer to hospice care. The three clinical records were reviewed. The agency's provisional license expires 1/19/15.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 13, 2015</p> | N000000 | | |
|---------|---|---------|--|--|

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.

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/12/2015 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER KAYLIN'S ANGELCARE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 127 SOUTH STATE STREET SOUTH WHITLEY, IN 46787 |
|--|--|

| (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 |
|--------------------|---|---------------|---|----------------------|
| N000442 | <p>410 IAC 17-12-1(b) Home health agency administration/management Rule 12 Sec. 1(b) A governing body, or designated person(s) so functioning, shall assume full legal authority and responsibility for the operation of the home health agency. The governing body shall do the following: (1) Appoint a qualified administrator. (2) Adopt and periodically review written bylaws or an acceptable equivalent. (3) Oversee the management and fiscal affairs of the home health agency.</p> <p>Based on employee file review, policy review, job description review, and interview, the agency failed to ensure the governing body appointed the administrator and alternate administrator in writing for 1 of 1 agency, creating the potential to affect all the agency's patients. (A)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. Employee file A, administrator, date of hire (DOH) not listed, failed to evidence they had been appointed by the governing body. 2. During interview on 1/12/15 at 1:00 PM, employee A indicated they did not know the governing body was to officially appoint them to their position. 3. The agency's job description titled "Administrator" states, "The | N000442 | <p>Governing Board meeting 1/14/2015 for appointment of administrator and alternate administrator Michelle Pratt, owner, is responsible for this policy Michelle Pratt will have this deficiency corrected by 1/14/2015</p> | 01/14/2015 |

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 01/12/2015 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER KAYLIN'S ANGELCARE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 127 SOUTH STATE STREET SOUTH WHITLEY, IN 46787 |
|--|--|

| (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 |
|--------------------|---|---------------|---|----------------------|
| N000458 | <p>administrator, ... will do the following: ... (8) Ensure that a qualified person is authorized in writing to act in the administrator's absence. ... Summary of job functions: ... Ensures that policies and procedures meet Federal, State, and accrediting organization's regulations and standards."</p> <p>4. The agency's undated policy titled "Administrative Responsibilities" # AO.006, states, "Kaylin's Angelcare LLC shall elect and appoint officers and agents to act on behalf of the agency and to act on the major matters affecting the agency. The administrator is appointed by the licensee, as well as the alternate administrator, who will act in the absence of the administrator."</p> <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> | | | |

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 01/12/2015 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER KAYLIN'S ANGELCARE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 127 SOUTH STATE STREET SOUTH WHITLEY, IN 46787 |
|--|--|

| (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 |
|--------------------|---|---------------|--|----------------------|
| | <p>(1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on employee file review, policy review, and interview, the agency failed to ensure employee files contained job descriptions for administrator and alternate administrator for 2 of 4 employee files reviewed, creating the potential to affect all the agency's patients. (A and B).</p> <p>Findings include</p> <p>1. Employee file A, the administrator, no date of hire (DOH) listed, failed to contain a job description.</p> <p>2. Employee file B, the alternate administrator, no DOH listed, failed to contain a job description and orientation documents.</p> <p>3. During interview on 1/12/15 at 1:30 PM, employee A indicated the job descriptions were in the computer and the alternate administrator had not been to the office yet.</p> <p>4. The agency's undated policy titled "Employee File," # HR.001, states, "B.</p> | N000458 | <p>Administrator and alternate administrator have employee files containing job descriptions and date of hire Alternate administrator employee file contains Employee Orientation record Michelle Pratt, owner, is responsible for this policy Michelle Pratt will have this corrected by 1/20/2015</p> | 01/20/2015 |

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 01/12/2015 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER KAYLIN'S ANGELCARE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 127 SOUTH STATE STREET SOUTH WHITLEY, IN 46787 |
|--|--|

| (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 |
|--------------------|---|---------------|---|----------------------|
| N000466 | <p>The following information will be included in the personnel record: ... 2. Signed Job Description and Addendum. ... 12. Orientation Form- signed by employee and RN [registered nurse]."</p> <p>410 IAC 17-12-1(j) Home health agency administration/management Rule 12 Sec. 1(j) The information obtained from the: (1) physical examinations required by subsection (h); and (2) tuberculosis evaluations and clinical follow-ups required by subsection (i) must be maintained in separate medical files and treated as confidential medical records, except as provided in subsection (k). Based on employee file review and policy review, the agency failed to ensure employee medical information was kept separate from personnel information for 3 of 4 employee files reviewed, creating the potential to affect all the agency's employee files. (A, C, and D)</p> <p>Findings include</p> <p>1. Employee file A, no date of hire (DOH) listed, failed to evidence the medical information was kept separate from personnel information. The file contained employee A's physical, tuberculosis (TB) screen, and annual TB questionnaire.</p> | N000466 | Employee files for all employees have separate folders for payroll and medical information Michelle Pratt, owner, is responsible for this policy Michelle Pratt will have deficiency corrected by 1/20/2015 | 01/20/2015 |

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 01/12/2015 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER KAYLIN'S ANGELCARE LLC | STREET ADDRESS, CITY, STATE, ZIP CODE 127 SOUTH STATE STREET SOUTH WHITLEY, IN 46787 |
|--|--|

| (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 |
|--------------------------|--|---------------------|--|----------------------------|
| | <p>2. Employee file C, DOH 11/15/14, failed to evidence the medical information was kept separate from personnel information. The file contained employee C's physical, Hepatitis B vaccine/waiver form, TB records, and annual TB questionnaire.</p> <p>3. Employee file D, DOH 12/8/14, failed to evidence the medical information was kept separate from personnel information. The file contained employee D's physical, immunization records, Hepatitis B vaccine/waiver form, and annual TB questionnaire.</p> <p>4. The agency's undated policy titled "Employee Files," # HR.001, states, "17. All I-9's and medical information will be kept in a separate folder."</p> | | | |