

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157163	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/06/2012
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NAME OF PROVIDER OR SUPPLIER ANCHOR HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 SILHAVY RD STE 200 VALPARAISO, IN 46383
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N0000	<p>This was a state home health complaint investigation.</p> <p>Complaint: IN00119142 - Substantiated: No deficiencies related to the allegation are cited.</p> <p>Complaint # IN00120179 - Substantiated: A State deficiency related to the allegation was cited.</p> <p>Facility #: 005336</p> <p>Survey Dates: 12/4/12 - 12/6/12.</p> <p>Medicaid Vendor #: 100264420.</p> <p>Medical Records Reviewed: 5. Closed Records: 3. Active Records: 2.</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 12, 2012</p>	N0000		

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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N0522	<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 review, policy review, and interview, the agency failed to ensure home health aide visits had been provided as ordered by the physician on the written plan of care in 1 (#4) of 5 records reviewed creating the potential to affect all of the agency's current patients that received home health aide services.</p> <p>The findings include:</p> <p>1. Clinical record number #4, the patient named in the complaint, identified the patient had a diagnosis of Hereditary Progressive Muscular Dystrophy. The plan of care established by the physician for the certification period 11-6-12 to 1-4-13 included orders for the home health aide to (HHA) see the patient 15-21 times a week for 9 weeks - with 2-3 visits per day and each visit was to last 2 hours, for a total of 6 hours per day. The HHA was to provide personal care. The registered nurse was to make 1 supervisory visit each month.</p> <p>The record evidenced 2 missed HHA</p>	N0522	<p>N522</p> <p>Anchor has and will continue to follow a written medical plan of care and will obtain orders as required.</p> <p>The Administrator recognizes concerns within the clinical department and has taken steps of correction:</p> <p>1. The Administrator/Director of Clinical Services restructured the clinical teams, recently discharged the staffing coordinator, and hired a new coordinator. Currently we are hiring a new clinical supervisor. (12-15-2012)</p> <p>1. A mandatory meeting with administrative staff took place. Policies and procedures were reviewed and reiterated with the staffing coordinators and nursing supervisors. (12-15-2012)</p> <p>2. Staffing coordinators will track schedule changes and physician orders and/or missed visit reports will be sent by the nursing supervisors, for signature from the physician, for modification of the POC. (12-20-2012)</p>	12/15/2012	

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	<p>visits on 11-16-12, 11-23-12, 11-27-12, and 11-30-12 for a total of 4 hours of missed visit each day and 3 missed HHA on 11-19-12, 11-21-12, 11-24-12, 11/25/12, and 11-26-12 for a total of 6 hours of missed visits each day. Therefore, only 17 hours of HHA care was provided for Week 1, 20 hours for Week 2, 7 hours for Week 3, and 14 hours for Week 4. The registered nurse made supervisory visits per the Plan of Care.</p> <p>2. On 11-4-12 at 10:14 AM, Employee B indicated that a staff person assigned to the patient #4's case had quit without notice and, while agency management had tried to fill the shifts left vacated by the employee's departure, some shifts were left vacant and were not able to be filled. Employee B indicated the agency goes through the entire list of home health aide staff and call all staff who are not already scheduled to see if they would pick up a shift. Nurses would be called if no home health aides were available to fill shifts, starting with licensed practical nurses, with registered nurses being the last called. The Human Resources employee was unable to provide documentation of the phone calls made to try and fill the vacant shifts and was not aware of a further "back up plan" as stated in policy CC-15.</p>		<p>3. 4. 20% of charts will be audited monthly by the QA department, for the indicator *Following POC, frequency/duration. Director of QA/QI will be responsible for the compliance of audits. (12-31-2012)</p> <p>The Administrator/Director of Clinical Services will be responsible for monitoring the corrective actions to ensure that this deficiency has been corrected and there are no reoccurrences.</p> <p>*We would like to note that the statement that the HR employee was unable to provide documentation of the phone calls made to try and fill the vacant shifts and was not aware of a further "back up plan" as stated in policy, is erroneous. The HR Director (noted as employee) was never asked to provide this documentation, or it would have been provided. The agency has numerous pieces of documentation that evidenced phone calls.</p>				

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	<p>3. Policy CC-15 titled "On Call and Back up services", Origination date 10/01/98, Revision date 9/7/12, states, "Policy: It is the policy of Anchor Home Health Care to make all attempts to provide full service at the times and frequencies and levels of care specified in the patient/client's Plan of Care and to have a plan for back up services when the regular employee cannot report to work and during times when the office is closed. ... #10. Patient/client calls are handled in the following manner: Staffing issues: ... 0.4 The initial responder should determine the need for replacement and contact the appropriate employees and/or management staff. 11. All calls received and action taken must be recorded and a report of all activity must be given to the Clinical Supervisor or Designee."</p>				