

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157217	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2014
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME CARE SERVICES OF VINCENNES IN	STREET ADDRESS, CITY, STATE, ZIP CODE 413 N FIRST ST VINCENNES, IN 47591
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G000000	<p>This was a revisit to the Federal recertification survey completed on 1-22-14, 1-23-14, 1-24-14, 1-27-14, 1-28-14, & 1-29-14.</p> <p>Survey Date: 3-10-14</p> <p>Facility #: 005945</p> <p>Medicaid Vendor #: 200500550A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Four (4) Conditions of Participation and fourteen (14) standards were found to be corrected as a result of this survey. Four (4) standards remain uncorrected and were re-cited.</p> <p>Good Samaritan Home Care 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 1-29-14 due to being found out of compliance with Conditions of Participation 42 CFR 484.18 Acceptance of Patients, Plan of Care, and Medical Supervision; 42 CFR 484.30 Skilled Nursing Services; 42 CFR 484.32 Therapy Services; and 42 CFR 484.55 Comprehensive Assessment</p>	G000000		
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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>of Patients during the 1-29-14 recertification survey.</p> <p>The Administrator and the Director of Clinical Services were informed of the continued above-stated preclusions at the exit conference on 3-10-14 at 2:45 PM.</p> <p>Agency census:</p> <p>155 skilled 17 home health aide only 0 personal services</p> <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 and agency policy review and interview, the agency failed to ensure care had been provided as ordered in 1 (# 17) of 4 records reviewed creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a physician's order dated 2-13-14 that identified the skilled nurse was to change a wound vacuum dressing to the</p>	G000158	G 158Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all care and services are provided according to current physician orders. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 17 – A wound order clarification was obtained from the physician on 3-10-14 and reviewed with staff. To ensure	04/07/2014			

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	<p>patient's right ankle 2 times per week. The order states, "Label and document how many sponges were removed from wound and how many sponges were placed back into the wound."</p> <p>A. Skilled nurse visit notes, dated 3-1-14, 3-6-14, and 3-8-14, failed to evidence documentation of the number of sponges removed from and placed back into the wound.</p> <p>B. Employee S, the registered nurse that changed the dressing on 3-1-14 and 3-6-14, stated, on 3-10-14 at 1:05 PM, the visit notes did not include the number of sponges removed and placed back into the wound..</p> <p>2. The agency's 4-28-08 "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan . . . All care and services provided is according to current physician orders."</p>		<p>compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor plan of care and ordered services for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>		

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G000159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure plans of care included specific orders for services in 1 (# 17) of 4 records reviewed creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a physician's order signed and dated by employee S, a registered nurse, on 2-13-14 for the care of a wound vacuum dressing to the patient's right ankle. The order states, "Apply Mepitel or white vac foam to bed for wound bed adherence to vac sponge . . . apply black foam dressing to wound cavity."</p> <p>Skilled nurse visit notes dated 3-1-14, 3-6-14, and 3-8-14, evidenced only black foam was applied to the</p>	G000159	<p>G 159Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all care and services are provided according to current physician orders. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 17 – A wound order clarification was obtained from the physician on 3-10-14 and reviewed with staff. To ensure compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor plan of care and ordered services for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under</p>	04/07/2014			

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G000170	<p>wound vacuum dressing.</p> <p>2. Employee S indicated, on 3-10-14 at 1:05 PM, the orders were standardized wound vacuum orders. The employee stated, "The Mepitel and white foam should have been deleted from the order. We are not using that on the wound."</p> <p>3. The agency's 4-28-08 "Plan of Care and Physician Orders" policy number 33.24 states, "The plan of care should be based upon a current assessment of the client's needs for care. The plan of care must include . . . all treatments."</p> <p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record and agency policy review and interview, the agency failed to ensure skilled nursing care had been provided as ordered in 1 (# 17) of 4 records reviewed creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a physician's order dated 2-13-14 that</p>			G000170	<p>the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p> <p>G 170Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all care and services are provided according to current physician orders. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 17 – A wound order clarification was obtained from</p>		04/07/2014

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	<p>identified the skilled nurse was to change a wound vacuum dressing to the patient's right ankle 2 times per week. The order states, "Label and document how many sponges were removed from wound and how many sponges were placed back into the wound."</p> <p>A. Skilled nurse visit notes, dated 3-1-14, 3-6-14, and 3-8-14, failed to evidence documentation of the number of sponges removed from and placed back into the wound.</p> <p>B. Employee S, the registered nurse that changed the dressing on 3-1-14 and 3-6-14, stated, on 3-10-14 at 1:05 PM, the visit notes did not include the number of sponges removed and placed back into the wound..</p> <p>2. The agency's 4-28-08 "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan . . . All care and services provided is according to current physician orders."</p>		<p>the physician on 3-10-14 and reviewed with staff. To ensure compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor plan of care and ordered services for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>		

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G000335	<p>484.55(b)(2) COMPLETION OF THE COMPREHENSIVE ASSESSMENT</p> <p>Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status.</p> <p>Based on clinical record review and interview, the agency failed to ensure comprehensive assessments were complete and accurately reflected the patient's status in 1 (# 22) of 1 record reviewed with a new start of care assessment creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 22 included a start of care comprehensive assessment dated 3-2-14. The assessment states, "Has the patient had a formal Pain Assessment using a standardized pain assessment tool? Yes, and it does not indicate severe pain."</p> <p>A. The assessment identified the patient experienced chronic shoulder pain rated as a "10" (on a scale of 1 to 10 with 10 being the worst). The assessment failed to identify the character and quality of the pain, the</p>	G000335	<p>G 335Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.43 Assessment of Patient.</p> <p>Education included ensuring the start of care comprehensive assessment is complete and accurately reflects the patient status. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 22 – A comprehensive pain assessment was completed on patient 3-11-14. To ensure compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor that comprehensive assessments are complete for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice</p>	04/07/2014			

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N000000	<p>patient's affect related to the high pain intensity, whether the pain radiates, the duration of the intense pain, and other other associated symptoms.</p> <p>B. The "interventions" portion of the assessment states, "Chronic It [left] shoulder pain, rates a 5, tolerable."</p> <p>2. The Regional Quality Manager indicated, on 3-10-14 at 2:05 PM, the pain assessment was incomplete and included information that was incongruent.</p> <p>This was a revisit to the State re-licensure survey completed on 1-22-14, 1-23-14, 1-24-14, 1-27-14, 1-28-14, & 1-29-14.</p> <p>Survey Date: 3-10-14</p> <p>Facility #: 005945</p> <p>Medicaid Vendor #: 200500550A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p>	N000000	President.				

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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 and agency policy review and interview, the agency failed to ensure care had been provided as ordered in 1 (# 17) of 4 records reviewed creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a physician's order dated 2-13-14 that identified the skilled nurse was to change a wound vacuum dressing to the patient's right ankle 2 times per week. The order states, "Label and document how many sponges were removed from wound and how many sponges were placed back into the wound."</p> <p>A. Skilled nurse visit notes, dated 3-1-14, 3-6-14, and 3-8-14, failed to evidence documentation of the number of sponges removed from and placed back into the wound.</p> <p>B. Employee S, the registered nurse that changed the dressing on 3-1-14 and 3-6-14, stated, on 3-10-14 at 1:05 PM,</p>	N000522	<p>N 522Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all care and services are provided according to current physician orders. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 17 – A wound order clarification was obtained from the physician on 3-10-14 and reviewed with staff. To ensure compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor plan of care and ordered services for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>	04/07/2014			

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	<p>the visit notes did not include the number of sponges removed and placed back into the wound..</p> <p>2. The agency's 4-28-08 "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan . . . All care and services provided is according to current physician orders."</p>			

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure plans of care included specific orders for services in 1 (# 17) of 4 records reviewed creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a physician's order signed and dated by</p>	N000524	N524Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all care and services are provided according to current physician orders. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 17 – A wound order clarification was obtained from	04/07/2014	

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N000537	<p>employee S, a registered nurse, on 2-13-14 for the care of a wound vacuum dressing to the patient's right ankle. The order states, "Apply Mepitel or white vac foam to bed for wound bed adherence to vac sponge . . . apply black foam dressing to wound cavity."</p> <p>Skilled nurse visit notes dated 3-1-14, 3-6-14, and 3-8-14, evidenced only black foam was applied to the wound vacuum dressing.</p> <p>2. Employee S indicated, on 3-10-14 at 1:05 PM, the orders were standardized wound vacuum orders. The employee stated, "The Mepitel and white foam should have been deleted from the order. We are not using that on the wound."</p> <p>3. The agency's 4-28-08 "Plan of Care and Physician Orders" policy number 33.24 states, "The plan of care should be based upon a current assessment of the client's needs for care. The plan of care must include . . . all treatments."</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 nurse in accordance with the medical plan of care as follows: Based on clinical record and agency</p>	N000537	<p>the physician on 3-10-14 and reviewed with staff. To ensure compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor plan of care and ordered services for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p> <p>N537Inservices were held on 3-11-14, 3-17-14, and 3-18-14 for</p>	04/07/2014			

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	<p>policy review and interview, the agency failed to ensure skilled nursing care had been provided as ordered in 1 (# 17) of 4 records reviewed creating the potential to affect all of the agency's 155 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 17 included a physician's order dated 2-13-14 that identified the skilled nurse was to change a wound vacuum dressing to the patient's right ankle 2 times per week. The order states, "Label and document how many sponges were removed from wound and how many sponges were placed back into the wound."</p> <p>A. Skilled nurse visit notes, dated 3-1-14, 3-6-14, and 3-8-14, failed to evidence documentation of the number of sponges removed from and placed back into the wound.</p> <p>B. Employee S, the registered nurse that changed the dressing on 3-1-14 and 3-6-14, stated, on 3-10-14 at 1:05 PM, the visit notes did not include the number of sponges removed and placed back into the wound..</p> <p>2. The agency's 4-28-08 "Plan of Care and Physician Orders" policy number</p>		<p>Professional Staff by the Director of Clinical Services (DCS) and Educator regarding policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all care and services are provided according to current physician orders. Educational packets provided 3-19-14 to all professional staff unable to attend the inservice. Patient # 17 – A wound order clarification was obtained from the physician on 3-10-14 and reviewed with staff. To ensure compliance with the above policy and procedure the Director of Clinical Services (DCS) or designee will conduct 8 random chart reviews per month to monitor plan of care and ordered services for 3 months starting week of 3-17-14 and then ongoing as part of the agency quarterly chart review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157217	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/10/2014
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	33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan . . . All care and services provided is according to current physician orders."				