

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/22/2013
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NAME OF PROVIDER OR SUPPLIER  ACE PEDIATRIC & ADULT HOME NURSING AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 7026 INDIANAPOLIS BLVD HAMMOND, IN 46324
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G0000	<p>This visit was a home health federal recertification survey. The survey was partially extended on 2/23/13.</p> <p>Date of survey: 2/18-22/13.</p> <p>Facility #: IN004387.</p> <p>Medicaid Vendor #: 200498280.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Number of records reviewed: 11</p> <p>Number of skilled unduplicated admissions: 30.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">February 27, 2013</p>	G0000		

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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G0158	<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 staff interview, the agency failed to ensure skilled nurse and home health aide visits had been provided as ordered on the plan of care in 6 (#1, #2, #4, #5, #8, #10) of 11 records reviewed creating the potential to affect all of the agency's patients that received skilled nursing and home health aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number #1 included a plan of care (POC) for the certification period 12-27-12 to 2-24-13 with orders for skilled nursing (SN) 1-2 times weekly for nine (9) weeks. The record failed to evidence a skilled nurse visit was made week 1, 12-27-12 to 12-29-12.</li> <li>2. Clinical record #2 included a POC for the certification period 1-17-13 to 3-17-13 with orders for SN visits 1-2 times a week for nine weeks. The record failed to evidence a skilled nursing visit was completed week #3, 1/27/13 to 2/2/13.</li> </ol>	G0158	G 0158 The Administrator will inservice all field and medical records staff. The Skilled Nurses role in writing orders and ensuring that they are written to be perfectly clear as to when each discipline is to begin services will be covered and explained. The inservice will cover how the weeks run and how the orders declare the start of services will be covered. The nurses will discontinue the practice of writing the orders as they are currently being written that resulted in this deficiency. The current practice was 1w9 meant the first full week of service, especially on a recertification. We now will change that it means from the date of start of service, even if it is a partial week. Special attention will be made to these incidences. 100% of the clinical records will be audited weekly to ensure this correction is carried out. The previous practice will discontinue as soon as this inservice is completed. The Administrator and Director of Nursing will be responsible for monitoring these corrections to ensure that this deficiency is corrected and will not recur.	03/11/2013			

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	<p>3. Clinical record #4 included a POC for the certification period 12-29-12 to 2-16-13 with orders for the SN to visit 1-2 times weekly for 9 weeks and the home health aide (HHA) to visit 1-2 times weekly for 9 weeks. The record failed to evidence a SN visit or a HHA visit occurred during week 1, 12/29/12.</p> <p>4. Clinical record #5 included a POC for the certification period 12-15-12 to 2-12-12 with orders for a SN visit 1-2 times a week for 9 weeks and HHA 1-2 times a week for 9 weeks. The record failed to have evidence a SN or HHA visit occurred Week 1, 12-5-12.</p> <p>5. Clinical record #8 included a POC for the certification period 1-12-13 to 3-12-13 with orders for a SN to visit 1-2 times a week for 9 weeks and a HHA to visit 1-2 times a week for 9 weeks. The record failed to evidence a SN visit or a HHA visit was made week 1, 1-12-13.</p> <p>6. Clinical record #10 included a POC for the certification period 12-4-12 to 2-1-13 had orders for the SN to visit 1-2 times a week for 9 weeks. The record failed to evidence a SN visit was made week 1, 12-4-12 to 12-8-12.</p> <p>7. On 2-22-13 at 1:00 PM, employee B indicated no further documentation was</p>			

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G0321	<p><b>484.20(a)</b> <b>ENCODING OASIS DATA</b> The HHA must encode and be capable of transmitting OASIS data for each agency patient within 7 days of completing an OASIS data set.</p> <p>Based on interview and review of documents, the agency failed to ensure OASIS data was transmitted within thirty (30) days of the completion of the assessment for nine (9) of eleven (11) records reviewed of patients requiring OASIS data transmission with the potential to affect all patients of the agency requiring transmission of OASIS data.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The documents "CMS State Report-OASIS Final Validation Reports" for October, November, and December 2012 and January and February 2013 evidenced a #286 Warning for patient #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11 that stated, "The submitted assessment was not submitted within CMS timing guidelines. The submission date is more than 30 days from the completion date."</li> <li>2. On 2-21-13 at 2 P.M., Employee B indicated that anything related to the transmission of data was out of the scope</li> </ol>	G0321	G 0321 The Admimmistrator has interviewed and audited the billing staff regarding the OASIS submission. The regulations were reviewed with each member of this staff as well as a plan of correction. The plan summary as is follows: 1. A log tool will be used to track all submissions and dates of submissions.2. A submission report will be printed out weekly and submitted to the Administrator.3. Monthly all submissions reports will be audited to ensure they are within the time frame given per the regulatios.4. Meetings will billing staff will be conducted to review any compliance issues that are found.100% of all submissions will be viewed monthly for evidence that the OASIS submission correction plans are being followed and the ensure that the submissions are happening on a timely basis on a regular basis.The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	03/11/2013			

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	<p>of her job description. They were not involved with any of that per decision of the agency owner. They make sure clinical data is correct and assessments are completed timely. She indicated awareness of a past issue, but OASIS data was transmitted daily at present.</p> <p>3. Employee A, on 2-22-13 at 11:00 AM, indicated awareness that there had been transmission problems in the past but Employee A was of the understanding that all issues had been resolved and all transmissions for the last several months were timely under the direction of the agency owner.</p>				

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N0000	<p>This was a home health state licensure survey.</p> <p>Survey dates: 2/18-22/13.</p> <p>Facility #: IN004387.</p> <p>Number of records reviewed: 11</p> <p>Unduplicated admissions: 30.</p> <p>Surveyors: Janet Brandt, R.N., PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 27, 2013</p>	N0000			

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N0458	<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: (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 personnel file review and staff interview, the agency failed to ensure a criminal history was obtained within 3 business days of initial patient contact for 1 (employee F) of 8 personnel files reviewed with the potential to affect all patients of the agency.</p> <p>The findings include:</p> <p>1. Personnel file F, date of hire 3/1/12 and first patient contact 3/7/12, failed to evidence a criminal history check was obtained within 3 business days of the initial patient contact. The criminal history was dated 3/30/12.</p> <p>2. On 2-22-13 at 11:00 A.M., Employee</p>	N0458	N 0458 The Administrator has inserviced personnel practices with the human resources staff. All personnel files were reviewed. This appeared to be an isolated incident with a previous employee and no longer is in our employment. This incident was from a previous year, but chart audits, check off lists, and personal knowledge have been reviewed as to make sure this remains an isolated incident. 100% of all personnel files have been reviewed and each new one will be audited before the personnel file is complete and the new employee is released to work. The Administrator will be responsible for monitoring these corrective actions to ensure that this	03/08/2013	

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	A indicated the agency policy was to obtain a criminal history within 3 days of initial patient contact or prior to patient contact. Employee A indicated the criminal history obtained for Employee F was not done timely.		deficiency is corrected and will not recur.		

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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 and staff interview, the agency failed to ensure skilled nurse and home health aide visits had been provided as ordered on the plan of care in 6 (#1, #2, #4, #5, #8, #10) of 11 records reviewed creating the potential to affect all of the agency's patients that received skilled nursing and home health aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number #1 included a plan of care (POC) for the certification period 12-27-12 to 2-24-13 with orders for skilled nursing (SN) 1-2 times weekly for nine (9) weeks. The record failed to evidence a skilled nurse visit was made week 1, 12-27-12 to 12-29-12.</li> <li>2. Clinical record #2 included a POC for the certification period 1-17-13 to 3-17-13 with orders for SN visits 1-2 times a week for nine weeks. The record failed to evidence a skilled nursing visit was completed week #3, 1/27/13 to 2/2/13.</li> </ol>	N0522	N 0522 The Administrator will inservice all field and medical records staff. The Skilled Nurses role in writing orders and ensuring that they are written to be perfectly clear as to when each discipline is to begin services will be covered and explained. The inservice will cover how the weeks run and how the orders declare the start of services will be covered. The nurses will discontinue the practice of writing the orders as they are currently being written that resulted in this deficiency. The current practice was 1w9 meant the first full week of service, especially on a recertification. We now will change that it means from the date of start of service, even if it is a partial week. Special attention will be made to these incidences. 100% of the clinical records will be audited weekly to ensure this correction is carried out. The previous practice will discontinue as soon as this inservice is completed. The Administrator and Director of Nursing will be responsible for monitoring these corrections to ensure that this deficiency is corrected and will not recur.	03/11/2013			

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