

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157622	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/17/2012
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NAME OF PROVIDER OR SUPPLIER  MERCY HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3235 45TH ST SUITE 107 HIGHLAND, IN 46322
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N0000	<p>This was a home health agency State licensure survey.</p> <p>Survey dates: December 12, 13, 14, and 17, 2012.</p> <p>Facility #: 012018</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Unduplicated Census: 08.</p> <p>Record Review: 10\ Active records: 05. Closed records: 05. Home Visits: 02.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN  December 20, 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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N0440	<p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on document review and interview, the agency failed to ensure the organizational chart included the positions of alternate administrator and alternate nursing supervisor for 1 of 1 organizational chart reviewed with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>1. A review of the undated "Mercy Home Health Care, LLC-Organizational Chart" provided by the alternate administrator on 12-17-12 at 10:00 AM CST failed to identify where in the hierarchy the alternate administrator and alternate nursing supervisor were.</p> <p>2. Per interview with the administrator at 10:15 AM CST 12-17-12, the organizational chart presented was the document currently in use by the agency and the positions of alternate administrator and alternate nursing supervisor were not identified on the</p>	N0440	<p>N0440 1. The Administrator updated the Policy and Procedures and Organizational Chart on 12/18/2012 to properly define the alternate administrator and nursing supervisor in their absences. 2. Below is the policy that was added. <b><u>LINES OF AUTHORITY</u></b> The <b>Governing Body</b> assumes full legal authority and responsibility for all those employed by the Agency, for operation of the Agency and for the safety and quality of care provided. The <b>Administrator</b> is responsible to the members of the Governing Body and Professional Advisory Committee. In the absence of the Administrator, the <b>Designated Alternate Administrator</b> will assume his/her administrative duties. The <b>Director of Nursing</b> is responsible to the Administrator. In the absence of the <b>Director of Nursing</b>, the <b>Designated Alternate Director of Nursing</b> will assume his/her clinical duties. The <b>Performance Improvement Coordinator and the Field Nurse Supervisor</b> is responsible to the Director of Nursing. <b>Registered Nurses</b></p>	12/18/2012			

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	<p>chart.</p> <p>2. On interview at 10:45 AM CST on 12-17-12, the administrator indicated no further documentation was available related to organizational chart.</p>		<p><b>(RNs)</b> are responsible to the Field Nurse Supervisor and Director of Nursing.. <b>Home Health Aides</b> are responsible to the Field Nurse Supervisor and the Director of Nursing. <b>Physical Therapists, Occupational Therapists and Speech Language Pathologists</b> are responsible to the Field Nurse Supervisor and Director of Nursing. <b>Medical Social Workers</b> are responsible to the Field Nurse Supervisor and Director of Nursing. The <b>Office Manager</b> is responsible to the Administrator. The <b>Office Staff</b> are responsible to the Office Manager. <b><u>AUTHORIZATION OF AGENCY RESPONSIBILITY</u></b></p> <p>I,</p> <p>_____,Administrator of Agency, hereby designate</p> <p>_____, to assume the duties and responsibilities of my position, according to Agency policies and procedures. This authorization will be in effect from _____,20__</p> <p>_____, to _____,</p> <p>20____.</p> <p>____ Administrator</p> <p>Date I,</p> <p>_____,understand and agree to perform the duties and responsibilities of the Agency Administrator during the absence</p>			

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			<p>of the Administrator, according to Agency policies and procedures, effective _____, 20____, to _____, 20____.</p> <p>_____ Alternate Administrator Date I, _____, Director of Nursing of Agency, hereby designate _____, to assume the duties and responsibilities of my position, according to Agency policies and procedures. This authorization will be in effect from _____, 20____, to _____, 20____.</p> <p>_____ _____ Director of Nursing Date I, _____, understand and agree to perform the duties and responsibilities of the Director of Nursing during the absence of the Director of Nursing, according to Agency policies and procedures, effective _____, 20____, to _____, 20____.</p>	

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			<p>_____</p> <p>Alternate Director of Nursing Date 3. The Administrator is responsible person for the ongoing compliance for reviewing and updating the policy. 4. The policy was updated on December 18, 2012. The completion date is December 18, 2012.</p>		

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N0486	<p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on record review, observation, policy review, and interview, the Agency failed to ensure coordination of care occurred with other providers furnishing services for 1 of 1 record reviewed of patients receiving services from another provider (#2) with the potential to affect all patients receiving services from another provider.</p> <p>Findings include:</p> <p>1. During a home visit on 12-14-12 at 11:45 AM CST to patient #2, a Home Health Aide was observed providing care to patient #2. The Aide indicated being an employee from Providence Home Health and had worked day shift Monday through Friday with patient #2 for the past three years. The aide indicated other home health aides from Providence worked with the patient on weekends. A registered nurse from Providence supervised the aides.</p> <p>2. On 12-14-12 at 1 PM CST, the administrator indicated the Agency had not communicated with the other agency</p>	N0486	<p>N0486 1. The Administrator and Nursing Supervisor held a meeting with the field nurses and staff to discuss the compliance and documentation of coordination of care on December 18, 2012 to correct this deficiency. The internal resources will be implementd to ensure that coordination of care is documented according to process. Below is the policy that was discussed during the meeting to ensure coordination of care. Coordination of Agency's internal resources includes:</p> <ul style="list-style-type: none"> <li>· Development of complimentary actions and goals when patient receives more than one service.</li> <li>· Avoiding service duplication by outlining each staff member's responsibilities.</li> <li>· Assuring all involved staff members are aware of patient's plan of care.</li> <li>· Making patient information available to all staff.</li> <li>· Limiting the number of staff per discipline who provide care to a patient, when possible.</li> <li>· Notifying the patient in a timely manner about schedule changes.</li> </ul> <p>Care will be coordinated with other involved external organizations, e.g., home medical equipment providers, infusion therapy/pharmacy companies and community agencies. Staff will:</p>	12/21/2012	

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	<p>providing services for coordination of care. The administrator indicated the spouse would usually let staff know any information that was to be communicated from one agency to the other agency.</p> <p>3. Employee A indicated on 12-14-12 at 1 PM CST Policy No. 2-035, revised June 2009, was the agency's current policy. The policy states, "The Case Manager will act as a liaison with other organizations or individuals also providing care to the patient to ensure effective coordination of related services. ... 3. The Case Manager or Clinical Supervisor will be responsible for the coordination between service providers, which will include, but not limited to: A. Organization personnel's understanding of each organization's / individual's responsibility in providing care. ... D. Sharing relevant information to facilitate coordination and continuity of care and to avoid duplication of services."</p> <p>4. The Power of Attorney (POA) for the patient on 12-17-12 at 1:30 PM CST, the POA indicated that the home health aide was provided by Providence Home Health, obtained from a list given to POA when the patient discharged from the hospital. The POA indicated payment for home health aide services was made to the home health agency, not to the home</p>		<ul style="list-style-type: none"> <li>· Understand Agency and organization's responsibilities in providing care or services.</li> <li>· Communicate with other individuals or organizations involved in the patient's care when significant changes occur in the patient's overall care.</li> <li>· Share relevant information to facilitate appropriate continuity and care coordination.</li> </ul> <p>2. This deficiency will be prevented by completing a monthly utilization review of medical records. The first utilization review was conducted on December 21, 2012.</p> <p>3. The Nursing Supervisor will be responsible for implementing and monitoring coordination of care.</p> <p>4. The deficiency was corrected December 18, 2012 during the meeting with the field nurses and staff. The deficiency was corrected and completed on December 21, 2012. Utilization Review Process Record review indicators for data and information contained within the record include:</p> <ul style="list-style-type: none"> <li>· Plan of care.</li> <li>· Following established Agency policy.</li> <li>· Timeliness.</li> <li>· Legibility of documentation.</li> <li>· Quality, consistency, clarity, accuracy and completeness.</li> <li>· Services rendered.</li> <li>· Need for continued care.</li> </ul> <p>a. Staff compliance with hand-off communication is monitored through utilization review/record review of "Care conferences involving all disciplines involved in care", "60 day summary report</p>				

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	<p>health aide directly, and the other agency also sent staff on weekends. The POA declined services of home health aide from Mercy Home Health, LLC due to personal preference, having worked with the staff from Providence for 3 years.</p> <p>5. In an interview with the alternate administrator on 12-17-12 at 1:30 PM CST, the alternate administrator indicated being under the impression that the home health aide providing care to patient #2 was employed as a private care giver by the POA for the patient and the home health aide(s) was paid directly by the POA. Therefore, the agency was not under obligation to coordinate care and/or document coordination of care in the medical record for patient #2.</p>		completed/copy to MD", and "Record reflects appropriate MD notification."		

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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: Based on interview and review of clinical records, the agency failed to ensure skilled nursing visits had been provided as ordered on the plan of care in 1 (#10) of 10 records reviewed creating the potential to affect all of the agency's patients that receive skilled nursing visits.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number #10, Start of Care 8-22-11, included a plan of care for the certification period of 12-20-11 to 2-17-12 with orders for skilled nursing visits once weekly for nine weeks. The record failed to evidence a skilled nurse visit was made the weeks of 12/27/11 and 1/10/12. Two skilled nurse visits were made the week of 1/3/12 on 1/4/12 and 1/9/12.</li> <li>2. The administrator provided missed visit documentation for 12-30-12 and indicated there was no documentation available to identify a skilled nurse visit had been made the week of 1-10-12 to 1-16-12.</li> </ol>	N0522	<p>N0522 1. The Administrator and Nursing Supervisor had a meeting December 18, 2012 with the field nurses and staff to correct this deficiency. The policy was defined to the field nurses and staff to explain and remind them the importance of complying with orders in the plan of care. Any deviation from the plan of care requires notification to the MD. The Plan of Care is established in consultation with the physician, Agency staff, the patient and members of the patient's family. If a physician refers a patient under a Plan of Care that cannot be completed after an evaluation visit, the physician is consulted to approve additions or modifications to the original plan. -Consultation with the physician on any modification in the Plan of Care will be documented and the physician's signature obtained within 30 days. · The Agency professional staff will promptly alert the physician to any changes that suggest a need to alter the Plan of Care. · The plan of care will be reviewed more frequently: - if patient elects to transfer to another agency. - if a significant change in condition occurs, resulting in a change in</p>	12/21/2012			

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			<p>case-mix assignment. - if patient is discharged and readmitted during same 60 day period. - if performing periodic review for necessary revisions and changes. - if there is any new order from the physician. 2. This deficiency will be prevented by completing a monthly utilization review of medical records. The utilization review was conducted on December 21, 2012. 3. The Nursing Supervisor will be responsible for implementing and monitoring compliance with the plan of care. 4. The deficiency was corrected December 18, 2012 during the meeting with the field nurses and staff. The deficiency was corrected and completed on December 21, 2012. Utilization Review Process Record review indicators for data and information contained within the record include: · Plan of care. · Following established Agency policy. · Timeliness. · Legibility of documentation. · Quality, consistency, clarity, accuracy and completeness. · Services rendered. · Need for continued care. a. Staff compliance with hand-off communication is monitored through utilization review/record review of "Care conferences involving all disciplines involved in care", "60 day summary report completed/copy to MD", and "Record reflects appropriate MD notification." b. Staff</p>		

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			<p>compliance with medication reconciliation is monitored through utilization/record review of "Medication profile updated with changes" indicator. c. Staff compliance with fire and oxygen safety is monitored through utilization/record review of "Patient on Oxygen" indicator. d. Staff compliance with patient education for infection control is monitored through utilization/record review of "Initial Infection Control Measures Provided and Patient Understanding Evaluated and Documented" indicator.</p>		

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N0541	<p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on record review and interview, the agency failed to ensure the registered nurse reevaluated the patient's needs after discharge from the hospital in 1 of 2 clinical records reviewed of patients who were hospitalized with the potential to affect all patients of the agency who are hospitalized.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Clinical record #2 evidenced the patient was admitted to the hospital on 11-29-12 and a transfer assessment was completed. The record evidenced the patient was discharged from the hospital on 12-12-12. The record failed to evidence a resumption of care comprehensive assessment had been completed.</li> <li>Per interview with Employee A on 12-14-12 at 2:30 PM CST, the spouse / Power of Attorney of patient #2 had the discharge orders from the hospital and Employee A had not had the opportunity</li> </ol>	N0541	<p>N 0541 1. This deficiency was corrected when The Administrator and Nursing Supervisor had a meeting with the field nurses December 18, 2012 educating them on the importance of completing appropriate OASIS as proper documentation and completeness of the clinical record. Below is the policy that was discussed at the meeting. The Nursing Supervisor explained the process of when and which OASIS to complete. The comprehensive assessment(including OASIS data elements) must be updated and revised as frequently as the patient's condition warrants due to a major improvement or decline in health status. Minimally, the comprehensive assessment must be updated and revised: · The last five (5) days of every 60 days beginning with the start of care date, unless there is a patient-elected transfer, a significant change in condition resulting in a new case-mix assignment, or a discharge and return to same agency during the 60 day episode. · Within 48 hours of the patient's return to the home</p>	12/20/2012	

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	<p>to review the orders as of yet. Employee A indicated an updated assessment would be documented and an updated comprehensive assessment and Plan of Care would be placed in the medical record soon.</p> <p>3. Per Employee A on 12-17-12 at 10:00 AM CST, there wasn't any other documentation available for the medical record.</p>		<p>from a hospital admission of 24 hours or more for any reason other than diagnostic tests. Staff will additionally reassess each patient with each home visit on an ongoing basis to evaluate current problems and needs as well as to adjust the care provided. Such reassessments will be documented on discipline-specific visit notes. Each patient will be reassessed when:</p> <ul style="list-style-type: none"> <li>· A significant change in condition, status, diagnosis, care, environment or support system occurs.</li> <li>· Physician orders more frequent reassessments.</li> <li>· Response to care needs to be reassessed.</li> <li>· To satisfy legal or regulatory requirements. Staff will analyze the data from assessments and reassessments. Such analysis of data will assist staff in identifying and prioritizing patient needs and problems to direct care and services.</li> </ul> <p>2. The deficiency will be prevented by reviewing every OASIS submitted by the field staff. 3. The Nursing Supervisor will be responsible to implement the correction and participate in reviewing the OASIS to ensure the correct OASIS was completed and submitted. 4. The deficiency was corrected and completed at the meeting on December 20, 2012 with the field nurses verbalizes understanding of the policy.</p>		