

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157511	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/01/2014
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NAME OF PROVIDER OR SUPPLIER  HOME HEALTH SERVICES OF GARY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1281 W RIDGE RD GARY, IN 46408
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G000000	<p>This was a home health federal recertification survey. The survey was partial extended.</p> <p>Survey Date: July 30 - August 1, 2014</p> <p>Facility #: IN009912</p> <p>Medicaid #: 200312150</p> <p>Surveyor: Nina Koch RN, Public Health Nurse Surveyor</p> <p>Census 39 Skilled Nursing 24 Home Health Aide 15</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 6, 2014</p>	G000000		
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</p>			

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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	<p>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, observation, and interview, the agency failed to ensure that the plan of care included all pertinent diagnoses, types of services, and safety measures to protect against injury for 2 ( #s 5 and 6) of 11 records reviewed with the potential to affect the agency's 39 active patients.</p> <p>Findings:</p> <p>1. Clinical record number 5 included a comprehensive assessment completed at start of care (SOC) 12/8/2013 which evidenced the patient had a left arm vascular access site for dialysis. The plan of care established by the patient's physician for the certification dates 4/7/2014 through 6/5/2014 failed to evidence the type of dialysis access and instructions that the HHA (home health aide) should not use the left arm to take blood pressure to prevent damage to the dialysis access site.</p>	G000159	G-0159An addendum to the plans of care dated 12/08/2014-08/04/2014 for patient number 5 have been submitted to the physician for signature stating that the patient attends dialysis on Monday, Wednesday, and Friday. No blood pressure to be taken in patient's left arm AV fistula to prevent damage to the dialysis access site.An addendum to the plan of care dated 07/10/2014 - 09/07/2014 for patient number 6 have been submitted to the physician for signature stating, that the patient attends dialysis on Monday, Wednesday, and Friday. No blood pressure to be taken in patient's left arm AV fistula to prevent damage to the dialysis access site.The Home Health Aides care plan for patient number 5 and 6 has been updated to include no blood pressure to be taken in left arm to prevent damage to the AV fistula dialysis access site.To prevent this deficiency from recurring, the plan of cares will be monitored quarterly as a component of the Quality Improvement Program, clinical chart review.The Director of Nursing will be responsible for monitoring these corrective	08/11/2014

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	<p>2. At a home visit on July 31, 2014, at 10 AM with patient number 6, employee D, HHA, was observed providing care that included taking the patient's blood pressure. The home health aide stated, "The patient has dialysis Monday, Wednesday, and Friday and has a left arm vascular access site." The plan of care established in consultation with the agency for the certification period 7/10/2014 through 9/7/2014 failed to include that the patient received dialysis and failed to provide instructions that the HHA should not use the left arm to take blood pressure to prevent damage to the dialysis access site.</p> <p>3. On August 1, 2014, at 3 PM, employee E, administrator, indicated the blood pressure was taken by the home health aides at each visit and instructions to protect the dialysis access sites should be included in the plans of care for patients receiving dialysis.</p> <p>4. An undated agency policy 07-121 titled "Plan of treatment" states, "The plan of treatment will be developed in consultation with the providers of direct patient care and will include all pertinent diagnoses including mental status, types of services and equipment required...functional limitations...activities permitted...safety</p>		actions.				



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N000524	<p>Skilled Nursing 24 Home Health Aide 15</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 6, 2014</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (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, observation, and interview, the agency failed to ensure that</p>	N000524	N-0524An addendum to the plans of care dated 12/08/2014-08/04/2014 for patient number 5 have been submitted to the physician for signature stating	08/11/2014

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	<p>the plan of care included all pertinent diagnoses, types of services, and safety measures to protect against injury for 2 (#s 5 and 6) of 11 records reviewed with the potential to affect the agency's 39 active patients.</p> <p>Findings:</p> <p>1. Clinical record number 5 included a comprehensive assessment completed at start of care (SOC) 12/8/2013 which evidenced the patient had a left arm vascular access site for dialysis. The plan of care established by the patient's physician for the certification dates 4/7/2014 through 6/5/2014 failed to evidence the type of dialysis access and instructions that the HHA (home health aide) should not use the left arm to take blood pressure to prevent damage to the dialysis access site.</p> <p>2. At a home visit on July 31, 2014, at 10 AM with patient number 6, employee D, HHA, was observed providing care that included taking the patient's blood pressure. The home health aide stated, "The patient has dialysis Monday, Wednesday, and Friday and has a left arm vascular access site." The plan of care established in consultation with the agency for the certification period 7/10/2014 through 9/7/2014 failed to</p>		<p>that the patient attends dialysis on Monday, Wednesday, and Friday. No blood pressure to be taken in patient's left arm AV fistula to prevent damage to the dialysis access site. An addendum to the plan of care dated 07/10/2014 - 09/07/2014 for patient number 6 have been submitted to the physician for signature stating, that the patient attends dialysis on Monday, Wednesday, and Friday. No blood pressure to be taken in patient's left arm AV fistula to prevent damage to the dialysis access site. The Home Health Aides care plan for patient number 5 and 6 has been updated to include no blood pressure to be taken in left arm to prevent damage to the AV fistula dialysis access site. To prevent this deficiency from recurring, the plan of cares will be monitored quarterly as a component of the Quality Improvement Program, clinical chart review. The Director of Nursing will be responsible for monitoring these corrective actions.</p>				

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