

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157578	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/02/2015
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NAME OF PROVIDER OR SUPPLIER  AMEDISYS HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1332 W ARCH HAVEN AVE STE E BLOOMINGTON, IN 47403
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G 000  Bldg. 00	<p>This was a federal home health recertification survey. The survey was partially extended.</p> <p>Survey dates were March 30 through April 2, 2015.</p> <p>Facility Number: IN004926</p> <p>Skilled Unduplicated admissions 889</p> <p>Home visits 7</p> <p>Clinical records reviewed 17</p> <p>Quality Review: JE 2/8/15</p>	G 000		
G 158  Bldg. 00	<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 visits were provided in accordance with physician orders in 4 (#s 5, 6 7 and 9) of 17 records reviewed and failed to ensure the frequency of visits were 1 or more per discipline ordered for</p>	G 158	<p>The Administrator/DOO of the agency will be responsible for correcting this deficiency.</p> <p>All clinical staff received in-service training on 04/14/2015 on the following policies/procedures:</p>	04/14/2015

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>1 (# 13) of 17 records reviewed.</p> <p>Findings</p> <p>1. Clinical record #5, start of care 3/5/2015, included a plan of care established by the patient's physician for the certification period 3/5/2015 through 5/3/2015 with orders for physical therapy 1 time weekly. The physical therapy visit notes evidenced that no visit was made by the therapist during the week of March 8-14, 2015.</p> <p>2. Clinical record, #6 start if care 2/5/2015, contained a plan of care established by the patient's physician for the certification period 2/5/15 through 4/5/15 with resumption of care orders dated 2/27/2015 for skilled nursing visits twice weekly for the weeks of March 1-7 and March 8-14, 2015. The nursing visit notes evidenced that only one nursing visit was made the week of March 1-7, 2015.</p> <p>3. Clinical record #7, start of care 2/27/2015, contained a plan of care established by the patient's physician for the certification period 2/27/2015 through 4/27/2015 with orders for the physical therapist to visit twice weekly and occupational therapy once weekly. The therapists' clinical notes evidenced that</p>		<p>TX-001-Physician Orders and Medical Supervision of the Plan of Care; TX-002-Coordination of Care •All SOC and Recerts will have an episode Calendar completed which will map the visits for the 60 day episode according to the frequency and duration as ordered by the physician. • Any verbal orders obtained with frequency and duration changes during the episode will be forwarded to the BOS/BOM to update the patient's schedule. • Each patient's schedule will be entered in the scheduling system and a weekly schedule printed for all visiting staff and contract staff. • Visiting staff will call into the agency daily and report to the BOS/BOM/CM on their daily visit schedule and schedule will reconciled. If upon reconciliation, a visit was not completed due to a patient related issue (patient refusal due to physician appointment, not feeling well, etc.), it will be rescheduled for another day in that treatment week. Once every attempt has been made to reschedule</p>	

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	<p>occupational therapy failed to visit the week of March 22-28, 2015 and that physical therapy visited only once the week of March 15-21, 2015.</p> <p>4. Clinical record #9, start of care 3/5/2015, contained a plan of care established by the patients physician for the certification period 3/5/2015 through 5/3/2015 with orders for home health aide to visit twice weekly. Home health aide visit notes evidenced that the home health aide made no visits the week of March 5-7, 2015, only once visit the week of March 8-14, 2015, and only one visit the week of March 22-28, 2015.</p> <p>5. An agency policy titled Coordination of Care, dated 1/2015, states, "Patient care will not be interrupted due to staff absences. The director of operations ( DOO) will ensure appropriate staff assignment and coverage."</p> <p>6. An agency policy titled Plan of Care/Care planning process, dated 5/2013, states, "The plan of care developed in consultation with the agency staff covers ... frequency of visits."</p> <p>7. In an interview with the agency's administrator, employee E, on 4/2/2015 at 400 PM, the administrator was unable</p>		<p>those visits to satisfy the physician ordered frequency, the physician will be notified by the scheduled clinician and a Missed Visit Form will be completed and transferred in with other notes. If scheduled clinician is unable to make visit as ordered, another clinician will be assigned in order to satisfy physician ordered frequencies.</p> <ul style="list-style-type: none"> <li>The physician will be notified of all Missed Visits by direct phone call and/or FAX. If via FAX, Fax confirmation will be attached to the Missed Visit note and filed in the patient's medical record.</li> <li>The BOM/BOS/DOO/CM will complete daily schedule monitoring to ensure frequency compliance with physician's orders and a weekly frequency report will be run on a weekly basis to determine any frequency discrepancies.</li> </ul> <p>Monitoring Process: The BOM and DOO/CM will work this report to assure ordered frequencies are being met. Report will be discussed during the daily stand up meeting and the weekly Indicator/Operations</p>	

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G 163 Bldg. 00	<p>to provide additional documentation to evidence compliance with visit frequency orders.</p> <p>484.18(b) PERIODIC REVIEW OF PLAN OF CARE The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode.</p> <p>Based on clinical record and agency policy review and interview, the home health agency failed to ensure that the plan of care was reviewed by the attending physician and HHA personnel at least every 60 days for 1 (#13) of 5 patients receiving services for greater than 60 days.</p> <p>Findings:</p>	G 163	<p>Meeting to ensure ordered patient frequencies are being met.</p> <p>G163 The Administrator/DOO of the agency will be responsible for correcting this deficiency. All clinical staff received in-service training on</p>	04/14/2015

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	<p>1. Clinical record #13, start of care 9/8/2014, evidenced the patient was discharged from skilled nursing care on the last day of the certification period, 1/5/2014. The agency obtained new orders for physical and occupational therapy to continue but failed to update the total plan of care for review by the attending physician.</p> <p>2. In an interview with the agency's administrator, employee E, on April 2, 2015, at 12:45 PM the administrator stated that a review of the plan of care had not been completed for the certification period 1/6/2015-3/6/2015.</p> <p>3. An agency policy dated 5/2013 titled Plan of Care/ care Planning Process states, "A review of the plan of care will occur at least every 60 days or more frequently to determine if recertification of care is appropriate or a significant change of condition had occurred."</p>		<p>04/14/2015 on the following policies/procedures:</p> <p>TX-002-Coordination of Care</p> <p>AA-014-POC Care Planning Process</p> <ul style="list-style-type: none"> <li>All patients nearing end of episode will be discussed during weekly Patient Care Conference to determine need for on-going care/service/recertification among team members. This will ensure effective interchange, reporting, and coordination of patient care.</li> <li>Recertification visit will be scheduled between day 56-60 of episode for appropriate discipline to perform. CM will be promptly notified if recertifying clinician cannot make visit. An alternate clinician can be notified to make Recertification visit.</li> </ul>	

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G 186 Bldg. 00	<p>484.32 THERAPY SERVICES</p> <p>The qualified therapist assists the physician in evaluating the patient's level of function, and helps develop the plan of care (revising it as necessary.)</p> <p>Based on clinical record and agency policy review and interview, The physical therapist failed to revise the patient's plan of care as necessary at least every 60 days for 1 (# 13) of 5 patient records reviewed of patients receiving physical therapy services for greater than 60 days.</p> <p>Findings</p> <p>1. Clinical record #13, start of care 9/8/2014, evidenced the patient was discharged from skilled nursing care on the last day of the certification period,</p>	G 186	<p>Monitoring Process:</p> <p>A random sample of three records will be audited for compliance on weekly basis.</p> <p>Once 90% met, review will be incorporated</p> <p>Into the quarterly performance improvement auditing process.</p> <p>G186 The Administrator/DOO of the agency will be responsible for correcting this deficiency. All therapy staff received in-service training on 04/14/2015 on the following policies/procedures: TX-002-Coordination of Care AA-014-POC Care Planning Process •All therapy patients nearing end of episode will be discussed during weekly Patient Care Conference to determine need for on-going care/service/recertification among team members. This will ensure effective interchange, reporting, and coordination of patient care. •Recertification visit</p>	04/14/2015

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G 339 Bldg. 00	<p>1/5/2014. The physical therapist obtained new orders for physical and occupational therapy to continue but failed to update the total plan of care for review by the attending physician.</p> <p>2. In an interview with the agency's administrator, employee E, on April 2, 2015, at 12:45 PM, the administrator stated that a review of the plan of care had not been completed by the therapist for the certification period 1/6/2015-3/6/2015.</p> <p>3. An agency policy dated 5/2013 titled Plan of Care/ Care Planning Process states, "A review of the plan of care will occur at least every 60 days or more frequently to determine if recertification of care is appropriate or a significant change of condition had occurred."</p> <p>484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in</p>		<p>will be scheduled between day 56-60 of episode for appropriate therapist to perform. CM will be promptly notified if recertifying therapist cannot make visit. An alternate therapist will be notified to make recert assessment. Monitoring Process: A random sample of three records will be audited for compliance on weekly basis. Once 90% met, review will be incorporated Into the quarterly performance improvement auditing process.</p>	

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	<p>condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode.</p> <p>Based on clinical record and agency policy review, the agency failed to ensure comprehensive assessments had been updated the last 5 days of every 60 day period in 1 (#13) of 5 records reviewed of patients that had been on service for longer than 60 days.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Clinical record #13, start of care 9/8/2014, evidenced the patient was discharged from skilled nursing care on the last day of the certification period, 1/5/2014. The agency obtained new orders for physical and occupational therapy to continue but failed to update and revise the comprehensive assessment.</li> <li>In an interview with the agency's administrator, employee E, on April 2, 2015, at 12:45 PM, the administrator stated that an update of the comprehensive assessment had not been completed for the certification period 1/6/2015-3/6/2015.</li> <li>An agency policy dated 11/2014 titled Patient Assessment/Reassessment states, "The comprehensive assessment must be</li> </ol>	G 339	<p>G339</p> <p>The Administrator/DOO of the agency will</p> <p>be responsible for correcting this deficiency.</p> <p>All clinical staff received in-service training on</p> <p>04/14/2015 on the following</p> <p>policies/procedures:</p> <p>TX-002-Coordination of Care</p> <p>AA-003-Patient Assessment/Reassessment</p> <p>AA-014-POC Care Planning Process</p> <p>•All patients nearing end of episode will be</p> <p>discussed during weekly Patient Care</p> <p>Conference to determine need for</p> <p>on-going care/service/recertification</p> <p>among team members. This will ensure</p> <p>effective interchange, reporting, and</p>	04/14/2015



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N 522 Bldg. 00	<p>Survey dates were March 30 through April 2, 2015.</p> <p>Facility Number: IN004926</p> <p>Skilled unduplicated admissions 889</p> <p>Home visits 7</p> <p>Clinical records reviewed 17</p> <p>Quality Review: JE 2/8/15</p> <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 visits were provided in accordance with physician orders in 4 (#s 5, 6 7 and 9) of 17 records reviewed and failed to ensure the frequency of visits were 1 or more per discipline ordered for 1 (# 13) of 17 records reviewed.</p> <p>Findings</p> <p>1. Clinical record #5, start of care 3/5/2015, included a plan of care established by the patient's physician for the certification period 3/5/2015 through</p>	N 522	The Administrator/DOO of the agency will be responsible for correcting this deficiency. All clinical staff received in-service training on 04/14/2015 on the following policies/procedures: TX-001-Physician Orders and Medical Supervision of the Plan of Care; TX-002-Coordination of Care •All SOC and Recerts will have an episode Calendar completed which will map the visits for the 60 day episode according to the frequency and duration as ordered by the physician. • Any verbal orders obtained with frequency and duration changes during the episode will be forwarded to the	04/14/2015

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	<p>5/3/2015 with orders for physical therapy 1 time weekly. The physical therapy visit notes evidenced that no visit was made by the therapist during the week of March 8-14, 2015.</p> <p>2. Clinical record, #6 start if care 2/5/2015, contained a plan of care established by the patient's physician for the certification period 2/5/15 through 4/5/15 with resumption of care orders dated 2/27/2015 for skilled nursing visits twice weekly for the weeks of March 1-7 and March 8-14, 2015. The nursing visit notes evidenced that only one nursing visit was made the week of March 1-7, 2015.</p> <p>3. Clinical record #7, start of care 2/27/2015, contained a plan of care established by the patient's physician for the certification period 2/27/2015 through 4/27/2015 with orders for the physical therapist to visit twice weekly and occupational therapy once weekly. The therapists' clinical notes evidenced that occupational therapy failed to visit the week of March 22-28, 2015 and that physical therapy visited only once the week of March 15-21, 2015.</p> <p>4. Clinical record #9, start of care 3/5/2015, contained a plan of care established by the patients physician for</p>		<p>BOS/BOM to update the patient's schedule. • Each patient's schedule will be entered in the scheduling system and a weekly schedule printed for all visiting staff and contract staff. • Visiting staff will call into the agency daily and report to the BOS/BOM/CM on their daily visit schedule and schedule will reconciled. If upon reconciliation, a visit was not completed due to a patient related issue (patient refusal due to physician appointment, not feeling well, etc.), it will be rescheduled for another day in that treatment week. Once every attempt has been made to reschedule those visits to satisfy the physician ordered frequency, the physician will be notified by the scheduled clinician and a Missed Visit Form will be completed and transferred in with other notes. If scheduled clinician is unable to make visit as ordered, another clinician will be assigned in order to satisfy physician ordered frequencies. • The physician will be notified of all Missed Visits by direct phone call and/or FAX. If via FAX, Fax confirmation will be attached to the Missed Visit note and filed in the patient's medical record. • The BOM/BOS/DOO/CM will complete daily schedule monitoring to ensure frequency compliance with physician's orders and a weekly frequency report will be run on a weekly basis to</p>	

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	<p>the certification period 3/5/2015 through 5/3/2015 with orders for home health aide to visit twice weekly. Home health aide visit notes evidenced that the home health aide made no visits the week of March 5-7, 2015, only once visit the week of March 8-14, 2015, and only one visit the week of March 22-28, 2015.</p> <p>5. An agency policy titled Coordination of Care, dated 1/2015, states, "Patient care will not be interrupted due to staff absences. The director of operations ( DOO) will ensure appropriate staff assignment and coverage."</p> <p>6. An agency policy titled Plan of Care/Care planning process, dated 5/2013, states, "The plan of care developed in consultation with the agency staff covers ... frequency of visits."</p> <p>7. In an interview with the agency's administrator, employee E, on 4/2/2015 at 400 PM, the administrator was unable to provide additional documentation to evidence compliance with visit frequency orders.</p>		<p>determine any frequency discrepancies. Monitoring Process: The BOM and DOO/CM will work this report to assure ordered frequencies are being met. Report will be discussed during the daily stand up meeting and the weekly Indicator/Operations Meeting to ensure ordered patient frequencies are being met.</p>	

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N 526 Bldg. 00	<p>410 IAC 17-13-1(a)(2) Patient Care</p> <p>Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months.</p> <p>Based on clinical record and agency policy review and interview, the home health agency failed to ensure that the plan of care was reviewed by the attending physician and HHA personnel at least every 60 days for 1 ( #13) of 5 patients receiving services for greater than 60 days.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Clinical record #13, start of care 9/8/2014, evidenced the patient was discharged from skilled nursing care on the last day of the certification period, 1/5/2014. The agency obtained new orders for physical and occupational therapy to continue but failed to update the total plan of care for review by the attending physician.</li> <li>2. In an interview with the agency's administrator, employee E, on April 2, 2015, at 12:45 PM the administrator</li> </ol>	N 526	<p>N526</p> <p>The Administrator/DOO of the agency will be responsible for correcting this deficiency.</p> <p>All clinical staff received in-service training on 04/14/2015 on the following policies/procedures:</p> <p>TX-002-Coordination of Care</p> <p>AA-014-POC Care Planning Process</p> <p>•All patients nearing end of episode will be discussed during weekly Patient Care Conference to determine need for on-going care/service/recertification</p>	04/14/2015

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NAME OF PROVIDER OR SUPPLIER  AMEDISYS HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1332 W ARCH HAVEN AVE STE E BLOOMINGTON, IN 47403
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>stated that a review of the plan of care had not been completed for the certification period 1/6/2015-3/6/2015.</p> <p>3. An agency policy dated 5/2013 titled Plan of Care/ care Planning Process states, "A review of the plan of care will occur at least every 60 days or more frequently to determine if recertification of care is appropriate or a significant change of condition had occurred."</p>		<p>among team members. This will ensure</p> <p>effective interchange, reporting, and coordination of patient care.</p> <ul style="list-style-type: none"> <li>•Recertification visit will be scheduled between</li> </ul> <p>day 56-60 of episode for appropriate discipline</p> <p>to perform. CM will be promptly notified if</p> <p>recertifying clinician cannot make visit.</p> <p>An alternate clinician can be notified to make</p> <p>Recertification visit.</p> <p>Monitoring Process:</p> <p>A random sample of three records will be</p> <p>audited for compliance on weekly basis.</p> <p>Once 90% met, review will be incorporated</p> <p>Into the quarterly performance improvement</p> <p>auditing process.</p>	

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N 563 Bldg. 00	<p>410 IAC 17-14-1(c)(2) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (2) review the plan of care as often as the severity of the patient's condition requires, but at least every two (2) months; Based on clinical record and agency policy review and interview, The physical therapist failed to revise the patient's plan of care as necessary at least every 60 days for 1 (# 13) of 5 patient records reviewed of patients receiving physical therapy services for greater than 60 days.</p> <p>Findings</p> <p>1. Clinical record #13, start of care 9/8/2014, evidenced the patient was discharged from skilled nursing care on the last day of the certification period, 1/5/2014. The physical therapist obtained new orders for physical and occupational therapy to continue but failed to update the total plan of care for review by the attending physician.</p> <p>2. In an interview with the agency's administrator, employee E, on April 2, 2015, at 12:45 PM, the administrator stated that a review of the plan of care had not been completed by the therapist for the certification period 1/6/2015-3/6/2015.</p>	N 563	<p>N563</p> <p>The Administrator/DOO of the agency will be responsible for correcting this deficiency.</p> <p>All therapy staff received inservice training on 04/14/2015 on the following policies/procedures:</p> <p>TX-002-Coordination of Care AA-014-POC Care Planning Process</p> <p>•All therapy patients nearing end of episode will be discussed during weekly Patient Care Conference to determine need for on-going care/service/recertification among team members. This will</p>	04/14/2015

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	3. An agency policy dated 5/2013 titled Plan of Care/ Care Planning Process states, "A review of the plan of care will occur at least every 60 days or more frequently to determine if recertification of care is appropriate or a significant change of condition had occurred."		<p>ensure</p> <p>effective interchange, reporting, and coordination of patient care.</p> <p>•Recertification visit will be scheduled between</p> <p>day 56-60 of episode for appropriate therapist</p> <p>to perform. CM will be promptly notified if</p> <p>recertifying therapist cannot make visit. An</p> <p>alternate therapist will be notified to make</p> <p>recert assessment.</p> <p>Monitoring Process:</p> <p>A random sample of three records will be</p> <p>audited for compliance on weekly basis.</p> <p>Once 90% met, review will be incorporated</p> <p>Into the quarterly performance improvement</p> <p>auditing process.</p>	