

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/30/2012	
NAME OF PROVIDER OR SUPPLIER FIRST CHOICE IN HOME SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 2064 N OLD BRUCEVILLE RD VINCENNES, IN 47591			
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N0000	<p>This was a state home health complaint investigation.</p> <p>Complaint #: IN00110090 - Substantiated: State deficiencies related to the allegations are cited.</p> <p>Facility #: 010921</p> <p>Survey Date: 7-30-12</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 1, 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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N0490	<p>410 IAC 17-12-2(k) Q A and performance improvement Rule 12 Sec. 2(k) A home health agency must continue, in good faith, to attempt to provide services during the five (5) day period described in subsection (i) of this rule. If the home health agency cannot provide such services during that period, its continuing attempts to provide the services must be documented.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure it had continued to attempt to provide services to a patient after the patient had been notified of pending discharge from the agency in 1 (# 1) of 3 discharged records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The agency's undated "Discharge Policy" states, "Furthermore, in the event of a planned discharge, the patient will be notified verbally and in written form thirty (30) days prior to the anticipated date of discharge." 2. Clinical record number 1 included included a copy of a letter to the patient, dated 05-30-2012, that provided the patient with a "30 day notice of termination of services." The record also included a discharge order dated 06-29-12 that states, "D/C [discharge] home care services." 	N0490	<p>N490 The administrator will inservice all staff including Clerical that all clients must bbe notified both verbally and in writing of impending discharge. Clients charts must contain written documentation of both notifications. Further, documentation by way of communication notes will be included in clients chart indicating every possible effort was made to provide services during those thirty days and if unable to provided services the chart will contain documentation of reason services were not provided. 100% of all discharge charts will be audited at time of decision to discharge using a check off list that indicates:... verbal notification provided of impending discharge date... Written notification of impending discharge.... Communication notes documenting efforts made to provide services during 30 day notice along with reasons services were not provided. The Administrator will be responsible for monitoring these corrective actions to ensure this deficiency</p>	08/23/2012			

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	<p>A. The record failed to evidence any services had been provided on 05-29-2012, 05-30-2012, 06-01-2012, 06-04-2012, 06-05-2012, 06-06-2012, 06-07-2012, 06-08-2012, and 06-10-2012 through 06-29-2012.</p> <p>B. The agency's owner, employee E, indicated, on 07-30-2012 at 12:05 PM, that no services had been provided on the above-stated dates. The owner indicated agency staff "refused to go out into the home." The employee was unable to provide any documentation of the staff refusals to provide the services or of the agency's attempts to find alternate staff to provide the care.</p>		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 interview, the agency failed to ensure home health aide / attendant care (ATTC) services had been provided as ordered by the physician on the plan of care in 3 (#s 1, 3, and 4) of 5 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included a plan of care established by the physician for the care period 05-02-2012 to 06-30-2012. The plan of care identified ATTC care services were to be provided 10 hours per day for 2 days then 4 to 6 hours per day for 58 days.</p> <p>A. The record failed to evidence any ATTC services had been provided on 05-02-2012, 05-03-2012, 05-04-2012, 05-05-2012, or 05-06-2012.</p> <p>The agency's owner, employee E, stated, on 07-30-2012 at 12:05 PM, "The services did not start until 05-07-2012 because it was understood we would not start until we could get the staff to go in there." Employee E indicated the plan of</p>	N0522	<p>N522The Administrator will inservice all Nursing that the Physicians Plan Of Care must indicate the date services will begin if it is later than the date plan of care was established. If that is not known for any reason after the Physicians Plan of Care has been sent to physician for signature, a supplemental order must be obtained from physician indicating the time services actually starts. The Administrator will include in this inservice that every effort must be made to provide services as order and written documentation indicating those efforts and reason services were not provided will be included in clients chart.100% of discharge charts will be audited at time of decision to discharge using check off sheet to assure chart contains all necessary documentation assuring chart contains appropriate actions were taken. 100% of discharge charts will be audited and included in the agencies quarterly quality assurance review. 10% or a minimum of 5 current records will be reviewed quarterly for compliance with this correction.The Administrator will</p>	08/23/2012			

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	<p>care did not reflect that the services would not start until staffing could be obtained.</p> <p>B. The record included a copy of a letter to the patient, dated 05-30-2012, that provided the patient with a "30 day notice of termination of services." The record also included a discharge order dated 06-29-12 that states, "D/C [discharge] home care services."</p> <p>1.) The record failed to evidence any ATTC services had been provided on 05-29-2012, 05-30-2012, 06-01-2012, 06-04-2012, 06-05-2012, 06-06-2012, 06-07-2012, 06-08-2012, and 06-10-2012 through 06-29-2012.</p> <p>2.) The agency's owner, employee E, indicated, on 07-30-2012 at 12:05 PM, that no services had been provided on the above-stated dates. The owner indicated agency staff refused to go out into the home. The employee was unable to provide any documentation of the staff refusals to provide the services.</p> <p>2. Clinical record number 3 included a plan of care established by the physician for the care period 01-23-2012 to 03-22-2012. The plan identified ATTC services were to be provided 12 hours per day for 2 days then 3 to 6 hours per day 5 times per week.</p>		<p>responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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	<p>A. The record failed to evidence any ATTC services had been provided on Monday, 01-30-2012.</p> <p>B. The agency's owner, employee E, indicated, on 07-30-2012 at 3:10 PM, that a visit should have been made on 01-30-2012 and that she was unsure why the visit had not been made.</p> <p>3. Clinical record number 4 included a plan of care established by the physician for the care period 05-30-2012 to 07-28-2012 that identified ATTC services were to be provided 6 to 9 hours 4 to 7 times per week and 1.5 to 6 hours 4 to 8 times per week.</p> <p>A. The record failed to evidence any ATTC services had been provided on 07-08-2012 and 07-15-2012.</p> <p>B. The agency's owner, employee E, indicated, on 07-30-2012 at 3:30 PM, there were no visits made on 07-08-2012 and 07-15-2012.</p>						