

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157488	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/14/2012
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NAME OF PROVIDER OR SUPPLIER HEALTH AT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5455 WEST 86TH STREET, SUITE 200 INDIANAPOLIS, IN 46268
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G0000	<p>This visit was a home health agency federal recertification survey.</p> <p>Survey dates: 06/11-13 and 15/12</p> <p>Facility # 005935</p> <p>Medicaid Vendor #: N/A</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor</p> <p>Health At Home. is in compliance with Conditions of Participation for home health agencies 42 CFR Part 484.</p> <p>Total unduplicated admissions/330 Total home visits made/6 Total records reviewed/12</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 25, 2012</p>	G0000	N/A	

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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N0000	<p>This visit was a home health agency state re-licensure survey.</p> <p>Survey dates: 06/11-13 and 15/12</p> <p>Facility # 005935</p> <p>Medicaid Vendor #: N/A</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor</p> <p>Total unduplicated admissions/330 Total home visits made/6 Total records reviewed/12</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>June 25, 2012</p>	N0000	N/A		

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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.</p> <p>Based on personnel record review and interview, the agency failed to ensure personnel records contained a limited criminal history pursuant to IC 16-27-2 for 6 of 11 personnel records reviewed (A, C, F, H, I, and J) with the potential to affect all the agency's patients.</p> <p>Findings:</p> <p>1. Personal record A, the Administrator and a registered nurse (RN), date of hire (DOH) 12/02/11, no first patient contact (FPC), failed to evidence a copy of the limited criminal history under IC 16-27-2.</p> <p>2. Personnel record C, a home health aide</p>	N0458	N458The Administrator will in-service office personnel that the agency will ensure all personnel records contain the state limited criminal history background check be completed pursuant to IC 16-27-2. Systemic changes will be implemented as evidenced by: · In-service of IC 16-27-2 (Completed by 7/31/12) · In-service of the Selection/Hiring of Personnel Policy (Completed by 7/31/12) · In-service of Personnel Record Contents Policy (Completed by 7/31/12) · Updated Certiphi (Background Vendor) to add the option for running the state background for every candidate prior to hiring. (Completed on 7/2/12) · 100% of HR files will be audited quarterly for the remainder of the year and	07/31/2012			

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	<p>(HHA), DOH 10/12/11 with no FPC date, failed to evidence a copy of the limited criminal history under IC 16-27-2.</p> <p>3. Personnel record F, a RN, DOH 10/26/11 with no FPC date, failed to evidence a copy of the limited criminal history under IC 16-27-2.</p> <p>4. Personnel record H, a HHA, DOH 12/07/11 with no FPC date, failed to evidence a copy of the limited criminal history under IC 16-27-2.</p> <p>5. Personnel record I, an occupational therapist, DOH 11/4/11 with no FPC date, failed to evidence a copy of the limited criminal history under IC 16-27-2.</p> <p>6. Personnel record J, a speech therapist, DOH 1/25/12 with no FPC date, failed to evidence a copy of the limited criminal history under IC 16-27-2.</p> <p>7. On 6/15/12 at 11 AM, the Administrator, Employee A, indicated this agency did not do an Indiana limited criminal history under IC 16-27-2 on their employees, rather the owner and managing company, located in Florida, does the criminal history and sends the results.</p>		<p>then 10% quarterly thereafter for evidence that state limited criminal history background check is complete and accurate. (Ongoing) The Administrator will be responsible for monitoring these corrective actions to ensure that his deficiency is corrected and will not reoccur.</p>				

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