

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K059	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/26/2017
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NAME OF PROVIDER OR SUPPLIER PROMISE CARE AT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2109 W STATE RD 28 PO BOX 867 FRANKFORT, IN 46041
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G 0000 Bldg. 00	<p>This visit was for a federal recertification of a home health agency. This was a partial extended survey on 10/24/17.</p> <p>Survey dates: 10/18, 10/19, 10/23-10/26/17</p> <p>Provider ID: 15K059</p> <p>Facility ID: 12133</p> <p>Census: 40 Unduplicated admission in past 12 months: 9 Skilled: 4 Health aide only: 36 Records reviewed: 10 Home visits: 4</p>	G 0000		

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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G 0158 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 record review and interview, the agency failed to ensure the plan of care was reviewed by a physician every 60 days in 1 of 10 records reviewed. (#7)</p> <p>Findings include:</p> <p>1. Clinical records of patient #7 were reviewed and it was noted that the plan of care for the present certification period, 9/9/17 to 11/7/17, was missing from the patient's chart.</p> <p>A. During an interview on 10/25/17 at 12:00 PM, the administrator acknowledged that the plan of care was missing and immediately printed it.</p> <p>B. The printed plan of care was signed and dated by a registered nurse on 9/22/17, but did not contain a physician's signature.</p>	G 0158	<p>The administrator developed a tracking log of when Plan of Cares are due, faxed or mailed and returned on 10/26/2017. All future Plan of Cares will be logged on this tracking record to ensure that Plan of Cares are placed in clinical records.</p> <p>10% of all clinical records will be audited quarterly for evidence that each chart has current Plan of Care.</p> <p>The administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>Completion date: 10/30/2017</p>	10/30/2017	

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G 0159 Bldg. 00	<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 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 record review and interview, the agency failed to ensure the plan of care contained visit frequencies to adequately meet the patient's needs in 2 of 10 records reviewed. (#1, #5)</p> <p>Findings include:</p> <p>1. Record review of patient #1 contained a plan of care signed by a physician for certification period 8/21/17 to 10/19/17, indicating a home health aide visit frequency of "up to 9 hours per visit, 5-7 visits weekly more or less as requested" The frequency hour range is too large.</p> <p>A. Home health aide visit summaries were reviewed for 8/23, 8/24,</p>	G 0159	<p>The nursing supervisor inserviced all nurses that write orders that frequency of Home Health and Skilled Nurse services will be written to adequately meet the patient's needs. The frequency and duration will be written with a small range. IE: HHA 1-3 x per week/1-3 hours per visit. PRN orders will be included for fluctuations in patient's schedules. 10% of all clinical records will be audited quarterly for evidence that each chart has current Plan of Care.</p> <p>The administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>Completion date: 10/30/2017</p>	10/30/2017

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	<p>8/25, 8/26, 8/28, 8/29, 8/30, 8/31, 9/1, 9/2, 9/5, 9/6, 9/7, 9/8, 9/9, 9/11, 9/12, 9/13, 9/14, 9/15, 9/16, 9/18, 9/19, 9/20, 9/21, 9/22, and 9/23. Visits were noted to be 1 hour on 8/29/17 as the least amount of time spent with the patient to 9 hours on 9/13/17.</p> <p>B. During an interview on 10/26/17 at 11:30 AM, the administrator acknowledged that the visit hours were broad and indicated this would be remedied.</p> <p>2. Record review of patient #5 contained a plan of care signed by a physician for certification period 8/2/17 to 9/30/17, indicating a skilled nurse visit frequency of "2-10 hours/visit, 3-7 days per week x 9 weeks". The frequency of hours and days is too large.</p> <p>A. During an interview on 10/26/17 at 11:30 AM, the nursing supervisor and administrator acknowledged that frequencies needed to be adjusted and should be more specific, as the skilled nurse was in the home 8-10 hours, 5 days per week.</p>			

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G 0163 Bldg. 00	<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 record review and interview, the agency failed to ensure the plan of care was reviewed by a physician every 60 days in 1 of 10 records reviewed. (#7)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical records of patient #7 were reviewed and it was noted that the plan of care for the present certification period, 9/9/17 to 11/7/17, was missing from the patient's chart. 2. During an interview on 10/25/17 at 12:00 PM , the administrator acknowledged that the plan of care was missing and immediately printed it. 3. The printed plan of care was 			G 0163	<p>The administrator developed a tracking log of when Plan of Cares are due, faxed or mailed and returned on 10/26/2017. All future Plan of Cares will be logged on this tracking record to ensure that Plan of Cares are placed in clinical records. 10% of all clinical records will be audited quarterly for evidence that each chart has current Plan of Care. The administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. Completion date: 10/30/2017</p>		10/30/2017

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G 0339 Bldg. 00	<p>signed and dated by a registered nurse on 9/22/17, but did not contain a physician's signature. There was no indication that the plan of care was reviewed by the physician.</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 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 record review and interview, the agency failed to ensure the comprehensive assessment was completed within five days prior to the start of the recertification period in 1 of 10 records reviewed. (#5)</p> <p>Findings include:</p> <p>1. Record review of patient #5 included a recertification comprehensive assessment, signed by a registered nurse (employee #C), dated 7/24/17, for</p>	G 0339	<p>The nursing supervisor implemented a tracking log of when recertification comprehensive assessments are to be done to ensure they are completed within the 5 day window. 10% of all clinical records will be audited quarterly for evidence that each chart has current Plan of Care. The administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. Completion date: 10/30/17</p>	10/30/2017	

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N 0000 Bldg. 00	<p>certification period 8/2/17 to 9/30/17. The comprehensive assessment was completed 8 days before the start of the certification period.</p> <p>A. During an interview on 10/26/17 at 11:30 AM, employee #C was unable to offer additional information.</p> <p>This visit was for a state re-licensure survey of a home health agency. This was a partial extended survey on 10/24/17.</p> <p>Survey dates: 10/18, 10/19, 10/23-10/26/17</p> <p>Provider ID: 15K059</p> <p>Facility ID: 12133</p> <p>Census: 40 Unduplicated admission in past 12 months: 9 Skilled: 4 Health aide only: 36</p>	N 0000		

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N 0488 Bldg. 00	<p>Records reviewed: 10 Home visits: 4</p> <p>410 IAC 17-12-2(i) and (j) Q A and performance improvement Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least fifteen (15) calendar days before the services are stopped.</p> <p>(j) The fifteen (15) day period described in subsection (i) of this rule does not apply in the following circumstances: (1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient. (2) The patient refuses the home health agency's services. (3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or (4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p> <p>Based on clinical record review, observation, and interview, the agency</p>	N 0488	The administrator on 10/26/17 changed the admission agreement	11/22/2017

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	<p>failed to inform patients in advance that a notice of 15 days would be given before services were stopped in 10 of 10 records reviewed. (#1-#10)</p> <p>Findings include:</p> <p>1. Record review of patients #1 through #10, included patient's rights forms indicating a 5 day notice would be given before services were stopped. The agency failed to update the notice to 15 days.</p> <p>A. Observations during a home visit with patient #1, 10/19/17 at 9:00 AM, indicated an agency folder containing a form with patient's rights, with a 5 day notice of discharge of services.</p> <p>B. Observations during a home visit with patient #2, 10/24/17 at 9:00 AM, indicated an agency folder containing a form with patient's rights, with a 5 day notice of discharge of services.</p> <p>C. Observations during a home visit with patient #3, 10/24/17 at 10:30 AM, indicated an agency folder containing a form with patient's rights, with a 5 day notice of discharge of services.</p>		<p>to reflect the 15 day notice for discharge policy. New admission agreements were then sent out to all current patients. New admission agreements were all placed in new admission packets as well.</p> <p>10% of all clinical records will be audited quarterly for evidence that each chart has current Plan of Care.</p> <p>The administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>Completion date: 11/22/2017</p>	

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N 0526	<p>D. Observations during a home visit with patient #4, 10/24/17 at 12:30 PM, indicated an agency folder containing a form with patient's rights with a 5 day notice of discharge of services.</p> <p>2. During an interview on 10/25/17 at 2:00 PM, employee #A indicated that the agency policy was updated but patient charts, forms, and admission packets were not.</p> <p>3. An undated agency policy titled, "Client Discharge Process", included the following, "SPECIAL INSTRUCTIONS, Discharge Procedure: 18. Agency will give a notice of discharge to service to the client, the client's legal representative, or other individual responsible for the client's care at lease 15 calendar days before the services are stopped. The 15 day notice of discharge may be waived in the following circumstances:" The agency failed to implement the updated policy.</p>			
	410 IAC 17-13-1(a)(2)			

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Bldg. 00	<p>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 record review and interview, the agency failed to ensure the plan of care was reviewed by a physician at least every two months in 1 of 10 records reviewed. (#7)</p> <p>Findings include:</p> <p>1. Clinical records of patient #7 were reviewed and it was noted that the plan of care for the present certification period, 9/9/17 to 11/7/17, was missing from the patient's chart.</p> <p>A. During an interview on 10/25/17 at 12:00 PM , the administrator acknowledged that the plan of care was missing and immediately printed it.</p> <p>B. The printed plan of care was signed and dated by a registered nurse on 9/22/17, but did not contain a physician's signature. There was no indication that the plan of care was reviewed by the physician for this certification period.</p>	N 0526	<p>The administrator developed a tracking log of when Plan of Cares are due, faxed or mailed and returned on 10/26/2017. All future Plan of Cares will be logged on this tracking record to ensure that Plan of Cares are placed in clinical records.</p> <p>10% of all clinical records will be audited quarterly for evidence that each chart has current Plan of Care.</p> <p>The administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>Completion date: 10/30/2017</p>	10/30/2017	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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