

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K093	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/16/2013
NAME OF PROVIDER OR SUPPLIER ADAPTIVE NURSING AND HEALTHCARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 702 NORTH SHORE DRIVE, SUITE 103 JEFFERSONVILLE, IN 47130		
(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	
G000000	<p>This was a home health federal complaint investigation survey.</p> <p>Complaint #: IN00136527 - Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Survey date: 10/16/2013</p> <p>Facility #: 012872</p> <p>Medicaid#: 201084980A</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: right;">October 22, 2013</p>	G000000			

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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G000107	<p>484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on policy and document review and interview, the agency failed to ensure the existence and resolution of a complaint had been documented for 1 of 3 (#2) inactive clinical records reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The policy with a revised date of March 21, 2012, titled "Grievance Policy" states, "2. Client complaints will be documented on a client complaint form and filed with the complaint log in an administrative file." 2. On 10/16/13 at 3:45 PM, the director of nursing indicated patient #2 had voiced concern employee B had taken some sheets. The DON indicated her discussion with the employee was not documented nor was their documentation of the 	G000107	The Administrator will educate all internal office staff by November 15, 2013. The in-service will include education about documenting all grievances/complaints that come into the office. Each grievance will be addressed and resolved within 30 days per company policy. If any grievance takes longer than 30 days to resolve the grievance will have documentation to explain the delay in resolution. The Administrator, DOCS, or designee will review the grievance binder on a weekly basis and discuss with appropriate office staff to come up with a plan to resolve the issue. This will ensure that the deficiency is corrected and does not reoccur.	11/15/2013			

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	<p>resolution of this complaint.</p> <p>3. On 10/16/13 at 4:30 PM, the president indicated a complaint log was not available.</p> <p>4. On 10/16/13 at 4:30 PM, the president indicated the agency was not following the grievance policy.</p>				

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G000135	<p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities.</p> <p>Based on observation and interview, the agency failed to ensure the Indiana State Department of Health (ISDH) had been notified of the change of address for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On 10/16/13 at 12:45 PM, the agency at 702 North Shore Drive, Suite 102, Jeffersonville, IN, 47130, was entered. A note was observed on the door indicating the agency had moved to Suite 103. The vice president indicated the agency had moved about 2 weeks ago. 2. On 10/16/13 at 2:15 PM, ISDH was contacted and ISDH staff indicated notification had not been received of the address change for the agency. 3. On 10/16/13 at 4:40 PM, the vice-president indicated he could not locate a copy of a letter that had been sent to the ISDH. 	G000135	The Administrator sent a change of address letter to ISDH on 10-18-13 notifying them of the agency suite change.	11/15/2013			

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G000158	<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 policy and clinical record review and interview, the agency failed to ensure the home health aide services provided followed the plan of care orders for 1 of 3 inactive records reviewed (#2) with the potential to affect all the patients of the agency receiving home health aide services.</p> <p>The findings include:</p> <p>1. Clinical record #2, start of care 4/23/13, included plans of care for the certification periods 6/22/13 to 8/20/13 and 8/21/13 to 10/19/13/ with orders HHA (home health aide) to provide services 4 hours a day 5-7 days per week, not to exceed 28 hours per week throughout the certification period. HHA to assist with all ADLS such as bathing (bed /tub/shower), hair care, dressing, nail care (no clipping), incontinence care, meal prep, light housekeeping, transfers and medication reminders only. The HHA failed to document the care that was</p>	G000158	The Administrator, DOCS, or designee will educate all active Home Health Aides on new documentation standards that have been set since the date of audit. The in-service will be used for all current active staff as well as new hire employees. The in-service will include reading a Home Health Aide Care Plan and a 485 with services approved to be provided to the patient. The in-service will also include how to appropriately document what services were actually provided to the patient during the caregiver's shift. If a service was ordered and wasn't provided, the Home Health Aide will document why the service wasn't provided on the note. A weekly report will be run in regards to hours serviced compared to hours authorized and ordered by MD. If any significant shifts/visits were missed a missed visit notification will be sent to the MD to make him aware of missed visits/hours. If lack of staff is the primary reason, agency will consider referring client to new provider if staffing needs cannot be met within reasonable time frame. The missed visit notification and fax confirmation	11/15/2013	

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	<p>provided, or that the patient refused services, for 6/24/13, 6/25/13, 6/26/13, 6/27/13, 6/28/13, 6/29/13, 7/15/13, 7/17/13, 7/18/13, 8/5/13, 8/6/13, 8/7/13, 8/8/13, 8/9/13, 8/10/13, 8/19/13, 8/20/13, and 8/21/13.</p> <p>A. The record failed to evidence any home health aide services were provided 6/30/13 to 7/14/13.</p> <p>On 10/16/13 at 3:45, the Director of Nursing (DON) indicated the patient had requested employee B, a home health aide, not continue to care for the patient as the patient indicated employee B had taken some sheets. The DON indicated the agency was attempting to place other staff and hire another home health aide for the patient when the patient called and requested employee B to return to the patient's home. The DON indicated this was taking place during the time period 6/30/13 through 7/14/13. The DON indicated nothing was documented regarding the patient refusing employee B or finding another care giver.</p> <p>B. The record failed to evidence any explanation for the lapse in services, notification of physician, or modification to the plan of care.</p> <p>2. On 10/16/13 at 2:30 PM, the director of</p>		<p>sheet will then be placed in the patient's chart where the visit note would be. The Administrator, DOCS, or designee will be responsible for monitoring these corrective actions by completing a medical record review of at least 10% of all patient's each quarter. This will ensure that this deficiency has been corrected and does not reoccur.</p>				

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	nursing indicated the home health aides had documented incorrectly on the aide care plan and had been re-educated on accurate documentation. The DON indicated no services were provided from 6/30/13 through 7/14/13 and no further documentation was available.			

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G000334	<p>484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT</p> <p>The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.</p> <p>Based on clinical record review and interview, the agency failed to ensure the comprehensive assessment was completed no later than 5 calendar days after the first billable home visit in 2 of 3 inactive records reviewed (#1 and #3) with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1, start of care (first billable visit) 5/13/13, failed to evidence a start of care comprehensive assessment was completed within 5 days of the first billable home visit. 2. Clinical record #3, start of care 5/8/13, failed to evidence a start if care comprehensive assessment was completed within 5 days of the first billable home visit. 3. On 10/16/13 at 1:40 PM, the director of nursing indicated the comprehensive 	G000334	The Administrator will provide an in-service to the Director of Clinical Services and all Nursing Supervisors by November 15, 2013. The in-service will include education that all patients will have a comprehensive assessment completed by an RN within 5 days of the first billable visit. If the patient is waiting on PA approval, once the PA is approved, the RN go into the home and complete a comprehensive assessment on the date of the first billable visit. The Administrator, DOCS, or clinical designee will be responsible for monitoring these corrective actions by doing a medical record review of at least 10% of all patient charts each quarter. This will ensure that the deficiency is corrected and does not reoccur.	11/15/2013	

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N000000	<p>assessments were not completed within the 5 days of the start of care.</p> <p>This was a home health state complaint investigation survey.</p> <p>Complaint #: IN00136527 - Substantiated: State deficiencies related to the allegation are cited. Unrelated deficiencies are also cited.</p> <p>Survey date: 10/16/2013</p> <p>Facility #: 012872</p> <p>Medicaid#: 201084980A</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 22, 2013</p>	N000000		

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N000447	<p>410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (4) Ensure the accuracy of public information materials and activities.</p> <p>Based on observation and interview, the agency failed to ensure the Indiana State Department of Health (ISDH) had been notified of the change of address for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 10/16/13 at 12:45 PM, the agency at 702 North Shore Drive, Suite 102, Jeffersonville, IN, 47130, was entered. A note was observed on the door indicating the agency had moved to Suite 103. The vice president indicated the agency had moved about 2 weeks ago. On 10/16/13 at 2:15 PM, ISDH was contacted and ISDH staff indicated notification had not been received of the address change for the agency. On 10/16/13 at 4:40 PM, the vice-president indicated he could not locate a copy of a letter that had been sent to the ISDH. 	N000447	The Administrator sent a change of address letter to ISDH on 10-18-13 notifying them of the agency suite change.	10/18/2013			

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N000514	<p>410 IAC 17-12-3(c) Patient Rights Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on policy and document review and interview, the agency failed to ensure the existence and resolution of a complaint had been documented for 1 of 3 (#2) inactive clinical records reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. The policy with a revised date of March 21, 2012, titled "Grievance Policy" states, "2. Client complaints will be documented on a client complaint form and filed with the complaint log in an administrative file."</p> <p>2. On 10/16/13 at 3:45 PM, the director of nursing indicated patient #2 had voiced</p>	N000514	The Administrator will educate all internal office staff by November 15, 2013. The in-service will include education about documenting all grievances/complaints that come into the office. Each grievance will be addressed and resolved within 30 days per company policy. If any grievance takes longer than 30 days to resolve the grievance will have documentation to explain the delay in resolution. The Administrator, DOCS, or designee will review the grievance binder on a weekly basis and discuss with appropriate office staff to come up with a plan to resolve the issue. This will ensure that the deficiency is corrected and does not reoccur.	11/15/2013			

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	<p>concern employee B had taken some sheets. The DON indicated her discussion with the employee was not documented nor was their documentation of the resolution of this complaint.</p> <p>3. On 10/16/13 at 4:30 PM, the president indicated a complaint log was not available.</p> <p>4. On 10/16/13 at 4:30 PM, the president indicated the agency was not following the grievance policy.</p>			

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N000522	<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 policy and clinical record review and interview, the agency failed to ensure the home health aide services provided followed the plan of care orders for 1 of 3 inactive records reviewed (#2) with the potential to affect all the patients of the agency receiving home health aide services.</p> <p>The findings include:</p> <p>1. Clinical record #2, start of care 4/23/13, included plans of care for the certification periods 6/22/13 to 8/20/13 and 8/21/13 to 10/19/13/ with orders HHA (home health aide) to provide services 4 hours a day 5-7 days per week, not to exceed 28 hours per week throughout the certification period. HHA to assist with all ADLS such as bathing (bed /tub/shower), hair care, dressing, nail care (no clipping), incontinence care, meal prep, light housekeeping, transfers and medication reminders only. The HHA failed to document the care that was provided, or that the patient refused</p>	N000522	The Administrator, DOCS, or designee will educate all active Home Health Aides on new documentation standards that have been set since the date of audit. The in-service will be used for all current active staff as well as new hire employees. The in-service will include reading a Home Health Aide Care Plan and a 485 with services approved to be provided to the patient. The in-service will also include how to appropriately document what services were actually provided to the patient during the caregiver's shift. If a service was ordered and wasn't provided, the Home Health Aide will document why the service wasn't provided on the note. A weekly report will be run in regards to hours serviced compared to hours authorized and ordered by MD. If any significant shifts/visits were missed a missed visit notification will be sent to the MD to make him aware of missed visits/hours. If lack of staff is the primary reason, agency will consider referring client to new provider if staffing needs cannot be met within reasonable time frame. The missed visit notification and fax confirmation	11/15/2013			

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	<p>services, for 6/24/13, 6/25/13, 6/26/13, 6/27/13, 6/28/13, 6/29/13, 7/15/13, 7/17/13, 7/18/13, 8/5/13, 8/6/13, 8/7/13, 8/8/13, 8/9/13, 8/10/13, 8/19/13, 8/20/13, and 8/21/13.</p> <p>A. The record failed to evidence any home health aide services were provided 6/30/13 to 7/14/13.</p> <p>On 10/16/13 at 3:45, the Director of Nursing (DON) indicated the patient had requested employee B, a home health aide, not continue to care for the patient as the patient indicated employee B had taken some sheets. The DON indicated the agency was attempting to place other staff and hire another home health aide for the patient when the patient called and requested employee B to return to the patient's home. The DON indicated this was taking place during the time period 6/30/13 through 7/14/13. The DON indicated nothing was documented regarding the patient refusing employee B or finding another care giver.</p> <p>B. The record failed to evidence any explanation for the lapse in services, notification of physician, or modification to the plan of care.</p> <p>2. On 10/16/13 at 2:30 PM, the director of nursing indicated the home health aides</p>		<p>sheet will then be placed in the patient's chart where the visit note would be. The Administrator, DOCS, or designee will be responsible for monitoring these corrective actions by completing a medical record review of at least 10% of all patient's each quarter. This will ensure that this deficiency has been corrected and does not reoccur.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K093	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2013
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	had documented incorrectly on the aide care plan and had been re-educated on accurate documentation. The DON indicated no services were provided from 6/30/13 through 7/14/13 and no further documentation was available.			