STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157604	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL AMERICA HOMEHEALTHCARE INC	8140 CALUMET AVE MUNSTER, IN 46321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
G0000	This was a federal home health complaint investigation. Complaint # IN00114077 - Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies are cited. Facility #: 011598 Survey date: 8/8/12 and 8/9/12 Medicaid vendor: 200934800 Surveyors: Ingrid Miller, RN, PHNS Marty Coons, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN August 16, 2012	G0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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G0105	484.10(b)(3) EXERCISE OF RIGHTS AND RESPECT FOR PROP The patient has the right to have his or her property treated with respect. Based on clinical record review, doccument review, and interview, the agency failed to ensure patients were advised of the patient's right to have his property treated with respect for 6 of 6 active records (Clinical record #1 - 6) reviewed with the potential to affect all the agency's 21 active patients at the parent and branch. Findings 1. Clinical records 1 - 6 records evidenced the patient rights document failed to inform the patient of the right to have his property treated with respect. This was evidenced by the following: a. Clinical record #1, start of care (SOC) 7/24/12, included the document titled "Consent to Service" with a date of 7/24/12 and signed by the patient and Employee A. This document stated, "I have received a copy and explanation of my patient bill of rights." b. Clinical record #2, SOC 5/11/12, included the document titled "Consent to Service" with a date of 7/24/12 and signed by the patient and Employee I, RN.	G0105	The Administrator met with the management team on 8/21/2012 and revised the agency's patient handbook to include the right to have property treated with respect. The Director of Nursing will host a staff meeting on 8/24/2012 to educate staff on the revised handbook. The agency's staff will educate patients on the revised handbook and incorporate it in the patients home folder beginning Friday, 8/25/2012. The Director of Nursing will be responsible for conducting random home visits over the next four months to ensure compliance is maintained.	08/23/2012

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	This document stated, "I have received a copy and explanation of my patient bill of rights." c. Clinical record #3, SOC 1/16/12, included the document titled "Consent to service" with a date of 1/16/12 and signed by the patient and Employee I, RN. This document stated, "I have received a copy and explanation of my patient bill of rights." d. Clinical record #4, SOC 2/22/12, included the document titled "Consent to Service" with a date of 2/22/12 and signed by the patient and Employee I. This document stated, "I have received a copy and explanation of my patient bill of rights." e. Clinical record #5, SOC 6/29/12 included the document titled "Consent to Service" with a date of 6/29/12 and signed by the patient and Employee A. This document stated, "I have received a copy and explanation of my patient bill of rights." f. Clinical record #6, SOC 1/13/12 , included the document titled "Consent for Service " with a date of 1/13/12 and signed by the patient and Employee I. This document stated, "I have received a copy and explanation of my patient bill of			

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	rights." 2. The agency document titled "Patient handbook and orientation for Home Health Care" in the section titled "Your rights and responsibilities" on pages 13 - 20 failed to include the right to have property treated with respect. 3. On 8/9/12 at 4 PM, the administrator indicated the patient rights lacked the right to have property treated with respect.			

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G0125	484.14 ORGANIZATION, SERVICES & ADMINISTRATION All services not furnished directly, including services provided through subunits are monitored and controlled by the parent agency. 4. Clinical records # 3, 4, 5, 6, and 7 from the Terre Haute office were reviewed and evidenced a referral form with name of the agency and the agency address as 4757 7th St, Terre Haute. 5. On 08/09/12 at 4:51 PM, via phone interview, the owner and chief financial officer, indicated the company had applied for a branch office in Terre Haute but, since the parent office was located in Munster, the distance between the two was too great. Therefore, the branch was changed to Williamsport and the Terre Haute office was used as a workstation for the Terre Haute employees. The owner was speaking from the Williamsport branch location at this time. Employee A and employee B, the administrator and also known as the chief executive officer, along with the ISDH team leader were present during this interview call. The owner further indicated the Terre Haute office was not a branch but a work station for the Terre Haute staff and the Terre Haute patients. 6. On 08/09/12 at 4:55 PM, via phone	G0125	The Administrator met with the Governing Body and composed a letter on 8/14/2012 to CMS requesting the Terre Haute office as a drop off site. All agency forms were revised to incorporate the correct demographics for the Williamsport and Munster offices. Terre Haute was removed from all agency forms, which were revised. The agency will only operate in accordance with what was approved by the CMS. The Terre Haute office will only be used as a drop off site once approved by CMS. All operations are conducted in Williamsport and field staff is required to report to the Williamsport office weekly for education, training and dropping off paperwork. The Terre Haute office will only be used for dropping off paperwork and picking up paperwork and supplies thats need for daily operation of field staff. The Administrator will make random monthly visits to the Williamsport office to ensure appropriate operations are being conducted by the branch.	08/14/2012

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	interview with employee A from the Williamsport branch location, employee A indicated she was the Williamsport branch manager but worked out of the Terre Haute office because the patient or at least most of them lived in the Terre Haute and so did she. When asked why or when she would not do a blood draw on a patient, employee A responded by indicating she would not do a blood draw if she did not have a physician order or a verified physician order. Employee A further indicated she did have an experience like this with one of the Terre Haute patients that had an order written on a prescription pad from a physician but did not have to be drawn until the next visit. She indicated she had explained this to the patient and family member that she would and could draw the blood at the next visit, but the patient and family decided they wanted the blood draw sooner than that and chose to transport the patient to the hospital laboratory for the blood draw. Based on observation, clinical record review, and interview, the agency failed to ensure the state agency was notified of branch sites and branches were approved			

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	by the CMS prior to functioning as a branch for 1 of 1 agency. Findings 1. On August 8, 2012, at 11:25 AM, the location at 26 North Monroe in Williamsport IN was visited. On the outside of the building was a sign with the name of the agency and the phone number (812) 232 - 8200. Inside the office area, a receptionist indicated that she was the only office staff present. The receptionist called the administrator and branch supervisor and owner of the agency and indicated that employees were driving from Terre Haute to Williamsport at that time. 2. On August 8, 2012 at 1 PM, Employee A, Registered Nurse (RN) and branch supervisor, indicated never visiting the Williamsport location before and always worked from the Terre Haute location. 3. Clinical records 1 - 6 records evidenced the Terre Haute location was operating as a branch. This was evidenced by the following: a. Clinical record #1, start of care (SOC) 7/24/12, included the document titled "Patient, Conduct, Responsibilities and Rights" with a date of 7/24/12 and			

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	signed by the patient and Employee A. This document stated, "All America Home Healthcare, Inc 4757 S. 7th St., Suite 1 C Terre Haute IN 47802 812 - 232 - 8200." b. Clinical record #2, SOC 5/11/12, included the document titled "Patient, Conduct, Responsibilities and Rights" with a date of 7/24/12 and signed by the patient and Employee I, RN. This document stated, "All America Home Healthcare, Inc 4757 S. 7th St., Suite 1 C Terre Haute IN 47802 812 - 232 - 8200." c. Clinical record #3, SOC 1/16/12, included the document titled "Patient, Conduct, Responsibilities and Rights" with a date of 1/16/12 and signed by the patient and Employee I, RN. This document stated, "All America Home Healthcare, Inc 4757 S. 7th St., Suite 1 C Terre Haute IN 47802 812 - 232 - 8200." d. Clinical record #4, SOC 2/22/12, included the document titled "Patient, Conduct, Responsibilities and Rights" with a date of 2/22/12 and signed by the patient and Employee I. This document stated, "All America Home Healthcare, Inc 4757 S. 7th St., Suite 1 C Terre Haute IN 47802 812 - 232 - 8200." e. Clinical record #5, SOC 6/29/12,			

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	included the document titled "Patient, Conduct, Responsibilities and Rights" with a date of 6/29/12 and signed by the patient and Employee A. This document stated, "All America Home Healthcare, Inc 4757 S. 7th St., Suite 1 C Terre Haute IN 47802 812 - 232 - 8200." f. Clinical record #6, SOC 1/13/12 , included the document titled "Patient, Conduct, Responsibilities and Rights" with a date of 1/13/12 and signed by the patient and Employee I. This document stated, "All America Home Healthcare, Inc 4757 S. 7th St., Suite 1 C Terre Haute IN 47802 812 - 232 - 8200."			

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G0158	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. Based on clinical record review, interview, and policy review, the agency failed to ensure the correct size foley was used when it was changed for 2 of 6 records reviewed (Clinical record #2 and #4) with the potential to affect all of the 13 active patients at the branch location. Findings 1. Clinical record #2, SOC 5/11/12, included a plan of care for the certification period of 5/11/12 - 7/9/12 with orders for a Foley Catheter change with a 16 French 5 - 10 CC bulb monthly or as needed. At the 6/7/12 at 5:15 PM, Employee A changed the Foley catheter with a 18 French and filled with 30 cc of sterile normal saline. 2. Clinical record #4, SOC 2/22/12, included a plan of care for the certification period of 6/21/12 - 8/19/12 with orders for a Foley Catheter change with a 16 - 18 French 10 CC bulb monthly or as needed for complications.	G0158	The Director of nursing will meet with field staff registered nurses on 8/24/2012 and educated them on the agency's policies titled "Care Plan" and "Registered Nurse Policy". The registered nurses were educated on the importance of following the care plan as written as well as adhering to their job descripitions. Clinicians will inform the patients' physician of any changes that suggest a need to alter the plan of care and an order must be written, dated and signed by the professional making the change. The Director of Nursing will conduct 10% random record reviews monthly for the next four months to ensure compliance is maintained.	08/24/2012

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	A. On 7/10/12 at 5:45 PM, Employee A changed Foley catheter by discontinuing the old catheter and then inserting a 18 French 30 cc bulb. B. On 7/20/12 at 5 PM, Employee D, RN, documented the insertion of a Foley catheter with a 16 French 30 cc bulb. 3. On 8/8/12 at 3:35 PM, Employee A, branch supervisor, indicated the above Foley catheter changes did not follow the plan of care. 4. The agency policy titled "Registered Nurse" with an effective date of October 2011 stated, "Administers medications and treatments as prescribed by the physician."			

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G0170	484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse used the correct size foley when it was changed for 2 of 6 records reviewed (Clinical record #2 and #4) with the potential to affect all of the 13 active patients at the branch location. Findings 1. Clinical record #2, SOC 5/11/12, included a plan of care for the certification period of 5/11/12 - 7/9/12 with orders for a Foley Catheter change with a 16 French 5 - 10 CC bulb monthly or as needed. At the 6/7/12 at 5:15 PM, Employee A changed the Foley catheter with a 18 French and filled with 30 cc of sterile normal saline. 2. Clinical record #4, SOC 2/22/12, included a plan of care for the certification period of 6/21/12 - 8/19/12 with orders for a Foley Catheter change with a 16 - 18 French 10 CC bulb monthly or as needed for complications.	G0170	The Director of nursing will meet with field staff registered nurses on 8/24/2012 and educated them on the agency's policies titled "Care Plan" and "Registered Nurse Policy". The registered nurses were educated on the importance of following the care plan as written as well as their job descripitions. Clinicians will inform the patients' physician of any changes that suggest a need to alter the plan of care and an order must be written, dated and signed by the professional making the change. The Director of Nursing will conduct 10% random record reviews monthly for the next four months to ensure compliance is maintained.	08/24/2012

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N0498	410 IAC 17-12-3(b)(2)(A) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (A) Have his or her property treated with respect. Based on clinical record review, doccument review, and interview, the agency failed to ensure patients were advised of the patient's right to have his property treated with respect for 6 of 6 active records (Clinical record #1 - 6) reviewed with the potential to affect all the agency's 21 active patients at the parent and branch. Findings 1. Clinical records 1 - 6 records evidenced the patient rights document failed to inform the patient of the right to have his property treated with respect. This was evidenced by the following: a. Clinical record #1, start of care (SOC) 7/24/12, included the document titled "Consent to Service" with a date of 7/24/12 and signed by the patient and Employee A. This document stated, "I have received a copy and explanation of my patient bill of rights."	N0498	The Administrator met with the management team on 8/21/2012 and revised the agency's patient handbook to include the right to have property treated with respect. The Director of Nursing will host a staff meeting on 8/24/2012 to educate staff on the revised handbook. The agency's staff will educate patients on the revised handbook and incorporate it in the patients home folder beginning Friday, 8/24/2012. The Director of Nursing will be responsible for conducting random home visits over the next four months to ensure compliance is maintained.	08/23/2012

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	b. Clinical record #2, SOC 5/11/12, included the document titled "Consent to Service" with a date of 7/24/12 and signed by the patient and Employee I, RN. This document stated, "I have received a copy and explanation of my patient bill of rights." c. Clinical record #3, SOC 1/16/12, included the document titled "Consent to service" with a date of 1/16/12 and signed by the patient and Employee I, RN. This document stated, "I have received a copy and explanation of my patient bill of rights." d. Clinical record #4, SOC 2/22/12, included the document titled "Consent to Service" with a date of 2/22/12 and signed by the patient and Employee I. This document stated, "I have received a copy and explanation of my patient bill of rights." e. Clinical record #5, SOC 6/29/12 included the document titled "Consent to Service" with a date of 6/29/12 and signed by the patient and Employee A. This document stated, "I have received a copy and explanation of my patient bill of rights." f. Clinical record #6, SOC 1/13/12 , included the document titled "Consent for			

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	Service " with a date of 1/13/12 and signed by the patient and Employee I. This document stated, "I have received a copy and explanation of my patient bill of rights." 2. The agency document titled "Patient handbook and orientation for Home Health Care" in the section titled "Your rights and responsibilities" on pages 13 - 20 failed to include the right to have property treated with respect. 3. On 8/9/12 at 4 PM, the administrator indicated the patient rights lacked the right to have property treated with respect.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157604	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/09/2012
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N0522	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 review, interview, and policy review, the agency failed to ensure the correct size foley was used when it was changed for 2 of 6 records reviewed (Clinical record #2 and #4) with the potential to affect all of the 13 active patients at the branch location. Findings 1. Clinical record #2, SOC 5/11/12, included a plan of care for the certification period of 5/11/12 - 7/9/12 with orders for a Foley Catheter change with a 16 French 5 - 10 CC bulb monthly or as needed. At the 6/7/12 at 5:15 PM, Employee A changed the Foley catheter with a 18 French and filled with 30 cc of sterile normal saline. 2. Clinical record #4, SOC 2/22/12, included a plan of care for the certification period of 6/21/12 - 8/19/12 with orders for a Foley Catheter change with a 16 - 18 French 10 CC bulb monthly or as needed for complications.	N0522	The Director of nursing will meet with field staff registered nurses on 8/24/2012 and educated them on the agency's policies titled "Care Plan" and "Registered Nurse Policy". The registered nurses will be educated on the importance of following the care plan as written as well as their job descripitions. Clinicians will inform the patients' physician of any changes that suggest a need to alter the plan of care and an order must be written, dated and signed by the professional making the change. The Director of Nursing will conduct 10% random record reviews monthly for the next four months to ensure compliance is maintained.	08/24/2012

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	A. On 7/10/12 at 5:45 PM, Employee A changed Foley catheter by discontinuing the old catheter and then inserting a 18 French 30 cc bulb. B. On 7/20/12 at 5 PM, Employee D, RN, documented the insertion of a Foley catheter with a 16 French 30 cc bulb. 3. On 8/8/12 at 3:35 PM, Employee A, branch supervisor, indicated the above Foley catheter changes did not follow the plan of care. 4. The agency policy titled "Registered Nurse" with an effective date of October 2011 stated, "Administers medications and treatments as prescribed by the physician."			

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N0537	410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse used the correct size foley when it was changed for 2 of 6 records reviewed (Clinical record #2 and #4) with the potential to affect all of the 13 active patients at the branch location. Findings 1. Clinical record #2, SOC 5/11/12, included a plan of care for the certification period of 5/11/12 - 7/9/12 with orders for a Foley Catheter change with a 16 French 5 - 10 CC bulb monthly or as needed. At the 6/7/12 at 5:15 PM, Employee A changed the Foley catheter with a 18 French and filled with 30 cc of sterile normal saline. 2. Clinical record #4, SOC 2/22/12, included a plan of care for the certification period of 6/21/12 - 8/19/12 with orders for a Foley Catheter change with a 16 - 18 French 10 CC bulb monthly or as needed for complications.	N0537	The Director of nursing will meet with field staff registered nurses on 8/24/2012 and educated them on the agency's policies titled "Care Plan" and "Registered Nurse Policy". The registered nurses will be educated on the importance of following the care plan as written. as well as their job descripitions. Clinicians will inform the patients' physician of any changes that suggest a need to alter the plan of care and an order must be written, dated and signed by the professional making the change. The Director of Nursing will conduct 10% random record reviews monthly for the next four months to ensure compliance is maintained.	08/24/2012

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