

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157543		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/16/2012	
NAME OF PROVIDER OR SUPPLIER PRIME CARE HOME HEALTH SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2632 81ST AVE MERRILLVILLE, IN 46410			
(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
N0000	<p>This was a home health state relicensure survey.</p> <p>Facility # 003155</p> <p>Survey Dates: October 15 and 16, 2012</p> <p>Medicaid #: 200399660</p> <p>Surveyors: Bridget Boston RN, PH Nurse Surveyor - team leader Janet Brandt RN, PH Nurse Surveyor - team member</p> <p>Census: 46 skilled patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 19, 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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N0444	<p>410 IAC 17-12-1(c)(1) Home health agency administration/management Rule 12 Sec. 1(c) An individual need not be a home health agency employee or be present full time at the home health agency in order to qualify as its administrator. The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (1) Organize and direct the home health agency's ongoing functions. Based on interview and review of administrative documents, the administrator failed to ensure organization and direction of the agency's ongoing daily functions for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. On 10/15/12 at 11:45 AM [central time], the administrator was provided a list of requested documents required for review. The list included and stated, "List or access to list of patients scheduled for home visits during the survey." The administrator was informed the survey was scheduled for 10/15/12 and 10/16/12, with exit planned for the end of the work day on 10/16/12, and the surveyor needed the home visits scheduled for the remainder of 10/15/12 and all scheduled visits for 10/16/12.</p> <p>2. On 10/15/12 at 2 PM, employee B</p>	N0444	N444 The Nurse Consultant inserviced the Alternate Administrator and Alternate Director of Nurses on maintaining monthly staff schedules and current patient list. Staff will no longer provide their own weekly schedule. The Director of Nurses/ Alternate Director of Nurses will make monthly schedules. 100% of all staff schedules will be made by the Director of Nurses or Alternate Director of Nurses monthly and kept in a binder with a current patient census. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	10/18/2012			

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	<p>presented a list of 19 of the agency's 46 skilled patients listed in 2 columns under the dates October 15 and 16, 2012. There were no staff names or the time of visits provided.</p> <p>At 2:25 PM, employee B indicated she / he was waiting on the agency staff to report who they were visiting and the time planned for the visit.</p> <p>3. On 10/15/12 at 5:20 PM, the administrator failed to provide a complete list of the home visits scheduled as requested at 11:45 AM.</p>			

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N0456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on document review, policy review, and interview, the administrator failed to ensure the ongoing quality assurance and performance improvement program (QAPI) was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improve patient care for 1 of 1 agency reviewed and the potential to affect all current patients.</p> <p>Findings include:</p> <p>1. Administrative documents failed to evidence the agency conducted an ongoing quality improvement program.</p> <p>2. The policy, revised 8/2011, titled "Responsibilities in Improving Performance" policy number C:2-037.1 stated, "To establish patient outcomes as the primary focus of the organization's performance improvement activities. ...</p>	N0456	N0456 The Administrator met with the Quality Committee and reviewed the agency policy titled. "Responsibilities in Improving Performance. The Administrator educated the team on meeting as often as necessary, but no less than every six months to address monitoring results and issues identified through the QI process. The Administrator instructed the team to address areas for improvement that are cost-effective and perform periodic assessment of care and service. QI monitoring will include, but not limited to the following: OASIS Data Collection, Therapy and Social Worker Services, Infection Control, Wound Care, Aide Services, Medication Errors, Adverse Drug Reaction, Documentation, Patient Satisfaction, and Personnel Files. The Quality Committee agreed to meet on 11/07/2012 to begin this process. The Administrator will be responsible for monitoring these processes to ensure that this deficiency is corrected and	11/15/2012			

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	<p>The governing body is responsible for ensuring that the performance improvement program is defined, implemented, and maintained, and is evaluated annually. ... Senior management will: ... B. Adopt a structured framework for performance improvement. The problem solving approach will stress the interrelationship of quality services provided, ... C. Identify and set specific outcomes for measurable improvement. D. Identify and participate in benchmarking activities that utilize: 1. Internal standards: a. Measuring current performance against past performance, b. Measuring against internally established goals. 2. Processes and protocols. 3. Practice or service guidelines."</p> <p>3. On 10/15/12 at 1:50 PM, employee B identified her / his responsibilities for the QAPI and provided clinical record reviews. Employee B indicated employee C was responsible for the remainder of the program. Employee C identified her / his portion of the QAPI and provided patient satisfaction survey information and home health agency compare information printed from web site. Employee C indicated there was no further information available.</p> <p>The QAPI information was reviewed.</p>		will not recur. The Administrator will participate and attend all QI meetings. The Quality Committee will be responsible for trending in tracking this data quarterly and submitting a written report with recommendations for improvement to the Governing Body for review ensure compliance is maintained.		

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	The most recent patient satisfaction survey information was dated January 2011. The Medicare Home Health Agency Comparison summaries failed to evidence any planning to assess the quality of and to improve patient care were derived from these reports.			

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N0460	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on personnel file review and interview, the agency failed to ensure personnel files included a criminal history obtained from the Indiana central repository for criminal history information as required by IC 16-27-2 for 1 (File A) of 1 files reviewed of staff hired since the last survey.</p> <p>The findings include:</p> <p>1. Personnel file A included a contract to provide the services of a medical social worker dated 6/15/12. The file failed to evidence a criminal history was obtained from the Indiana central repository. The file included a search from the Merrillville police department dated January 5, 2011.</p>	N0460	N0460 The Nurse Consultant inserviced the Alternate Administrator on the process of new hires.100% of all new hires will have a criminal history performed from the Indiana central repository.The Administrator will be responsible for monitoring these corrective actions monthly to ensure that this deficiency is corrected and will not recur.The Quality Committee will also review this process at their quarterly meeting. The team will review 100% of all new hires personnel records to ensure this does not happen again and a report will be sent to the Governing Body.	10/18/2012	

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	2. On 10/15/12 at 5:15 PM, employee B indicated there was no evidence of a criminal history search from the Indiana central repository.			

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N0466	<p>410 IAC 17-12-1(j) Home health agency administration/management Rule 12 Sec. 1(j) The information obtained from the:</p> <p>(1) physical examinations required by subsection (h); and (2) tuberculosis evaluations and clinical follow-ups required by subsection (i) must be maintained in separate medical files and treated as confidential medical records, except as provided in subsection (k). Based on observation, interview, and review of policies, the agency failed to ensure the confidential medical records of all current and past employees were treated as confidential for 10 (files B, D, E, F, G, H, I, J, K, and L) of 10 employee files reviewed.</p> <p>The findings include:</p> <p>1. On 10/16/12 at 3:36 PM, the tuberculosis monitoring and physical examination information for personnel files B, D, E, F, G, H, I, J, K and L was observed housed in one large white 3 ring binder on the floor in the front office space.</p> <p>2. On 10/16/12 at 3:42 PM, employee B indicated the binder did contain all of the current and past employee tuberculosis monitoring and screening and physical examinations and indicated the information was kept in the binder</p>	N0466	N066 The Nurse Consultant inserviced the Alternate Administrator and Office Manager on policy "Record Keeping" and maintaining active and non active employee records. Non active employee records will be removed from the health binder and kept with the non active employee file. 100% of Employee Health Binder will be audited monthly over the next four 4 months until compliance is achieved and then quarterly. The Alternate Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	10/18/2012			

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	<p>because the information was required to be kept separate.</p> <p>3. The policy titled Record Keeping" number C:2.004.1 and dated August 2011 stated, "Prime Care Home Health Services, Inc. will ensure that personnel health records are kept confidential."</p>			

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N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on document review, policy review, and interview, the administrator failed to ensure the ongoing quality assurance and performance improvement program (QAPI) was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improve patient care for 1 of 1 agency reviewed and the potential to affect all current patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Administrative documents failed to evidence the agency conducted an ongoing quality improvement program. 2. The policy, revised 8/2011, titled "Responsibilities in Improving Performance" policy number C:2-037.1 	N0472	<p>N0472 The Administrator met with the Quality Committee and reviewed the agency policy titled. "Responsibilities in Improving Performance. The Administrator educated the team on meeting as often as necessary, but no less than every six months to address monitoring results and issues identified through the QI process. The Administrator instructed the team to address areas for improvemnet that are cost-effective and perform periodic assessment of care and service. QI monitoring will include, but not limited to the following: OASIS Data Collection. Therapy and Social Worker Services, Infection Control, Wound Care, Aide Services, Medication Errors, Adverse Drug Reaction, Documentation and Personnel Files. The Quality Committee agreed to meet on 11/07/2012 to begin this</p>	11/07/2012

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	<p>stated, "To establish patient outcomes as the primary focus of the organization's performance improvement activities. ... The governing body is responsible for ensuring that the performance improvement program is defined, implemented, and maintained, and is evaluated annually. ... Senior management will: ... B. Adopt a structured framework for performance improvement. The problem solving approach will stress the interrelationship of quality services provided, ... C. Identify and set specific outcomes for measurable improvement. D. Identify and participate in benchmarking activities that utilize: 1. Internal standards: a. Measuring current performance against past performance, b. Measuring against internally established goals. 2. Processes and protocols. 3. Practice or service guidelines."</p> <p>3. On 10/15/12 at 1:50 PM, employee B identified her / his responsibilities for the QAPI and provided clinical record reviews. Employee B indicated employee C was responsible for the remainder of the program. Employee C identified her / his portion of the QAPI and provided patient satisfaction survey information and home health agency compare information printed from web site. Employee C indicated there was no</p>		<p>process. The Administrator will be responsible for monitoring these processes to ensure that this deficiency is corrected and will not recur. The Administrator will participate and attend all QI meetings. The Quality Committee will be responsible for trending in tracking this data quarterly and submitting a written report with recommendations for improvement to the Governing Body for review ensure compliance is maintained.</p>		

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	<p>further information available.</p> <p>The QAPI information was reviewed. The most recent patient satisfaction survey information was dated January 2011. The Medicare Home Health Agency Comparison summaries failed to evidence any planning to assess the quality of and to improve patient care were derived from these reports.</p>			

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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: Based on interview and review of clinical records and policy, the agency failed to ensure the medical care provided to the patient followed the medical plan of care as established by the physician and orders were obtained for all services and treatments provided in 1 of 1 (# 1) clinical records reviewed with services provided by a social worker and a registered dietician and in 1 (# 2) of 4 clinical records reviewed of patients receiving physical therapy services with the potential to affect all patients receiving therapy services.</p> <p>Findings include:</p> <p>1. Clinical record #1, start if care (SOC) 10/4/12, included a physician order dated 10/4/12 for an evaluation by a social worker.</p> <p>A. On 10/15/12 at 11:30 AM, employee A, a social worker, indicated she had provided services to the patient.</p> <p>B. On 10/15/12 at 1:45 PM, employee N indicated the plan of care for patient 1</p>	N0522	N0522 The Nurse Consultant inserviced all liscense staff on the agency policy titled Physician Participation in Plan of Care. Their was an open discussion regarding when and how orders for care and services should be written.100% of all clinical records will be audited monthly over the next four months then 25% quarterly.The Director of Nurses and Alternate Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.The Quality Committee will also review this process at their quarterly record review meeting where 10% of active and discharge records will be audited to ensure compliance is maintained and a written report will be sent to the Governing Body.	10/18/2012			

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	<p>was not available yet as it was not completed and available for review.</p> <p>C. On 10/15/12 at 2:45 PM the social worker visit notes dated October 9, 12, and 13, 2012 and documented by employee A were provided by employee N. The clinical record failed to evidence physician orders for the medical social worker services.</p> <p>D. On 10/16/12 at 5:44 PM, employee B indicated employee M, a registered dietician, provided services to the patient on 10/13/12. The order for the registered dietician was obtained by employee B and was not written and available for review.</p> <p>2. Clinical record #2, start of care (SOC) 6/27/12, included a plan of care (POC) established by the physician for the certification period 8/26/12 through 10/24/12 with orders for a physical therapy (P.T.) evaluation. The evaluation was completed on 8/29/12 and physical therapy treatments were provided on 8/31/12, 9/5/12, 9/10/12, 9/12/12, 9/17/12, and 9/22/12. The plan of care and clinical record failed to evidence physician orders for the services and treatments provided.</p> <p>On 10/16/12 at 5:01 PM (central time), employee B indicated the PT evaluation</p>				

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	<p>was submitted to the physician and was to also be considered the physician order. The physician signed the PT evaluation on 9/30/12.</p> <p>3. The agency's policy titled "Physician Participation in Plan of Care" dated August 2011 states, "A physician will direct the care of every home health care patient admitted per service. The attending physician will certify that medical, skilled, rehabilitative, and social services provided by the organization are medically required for the patient. ... Physician orders will be individualized, based on patient needs, and include: A. Patient diagnoses. B. Treatments and / or procedures needed, including type, frequency, duration, and goals."</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157543	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2012
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N0540	<p>410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit. Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse completed the comprehensive assessment and included the patient specific needs related to the patient's need for home care in 1 of 5 clinical records reviewed of patients admitted for wound care with the potential to affect all patients. (patient # 3)</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Clinical record # 3, start of care 8/15/12, included a plan of care with the admission diagnosis of a non - healing surgical wound and a comprehensive assessment dated 8/15/12. The comprehensive assessment failed to evidence an assessment of the surgical wound for which the patient was admitted for home care services. 2. On 10/16/12 at 5:28 PM, employee B indicated the comprehensive assessment did not include an assessment of the wound and an assessment of the wound 	N0540	N0540 The Nurse Consultant inserviced the Registered Nurses on the policy "Initial and Comprehensive Assessment" and the oasis process. 100% of all comprehensive assessments involving wound care will be audited monthly over the next 4 months then quarterly. The Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The Quality committee will also review this process during their quarterly record review meeting to ensure compliance is maintained.	10/23/2012

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	<p>should have been documented within the comprehensive assessment.</p> <p>3. The policy dated August 2011 titled "Initial and Comprehensive Assessment" stated, "The assessment will be patient - specific and comprehensive to include the patient's need for home care, rehabilitative care, social, and discharge planning needs. This assessment will measure patient outcomes from data collected at the start of care."</p>			

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N0541	<p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs. Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse completed a comprehensive assessment to reevaluate the patient's needs prior to the end of the certification period and before the development of another plan of care for 1 of 3 records reviewed of patients on service for more than 60 days with the potential to affect all patients receiving services longer than 60 days. (patient 2)</p> <p>The findings include:</p> <p>1. Clinical record #2, start of care 6/27/12, included a plan of care established by the physician for the certification period 8/26/12 through 10/24/12 with orders for a physical therapy evaluation and skilled nurse one time a week for nine weeks. The record failed to evidence a reevaluation of the patient by the physical therapist or the registered nurse prior to the development of the plan of care. The record evidenced a partially completed and unsigned comprehensive assessment.</p>	N0541	<p>N0541 The Nurse Consultant inserviced the Registered Nurses on the policy "Initial and Comprehensive Assessment". The Consultant educated the staff on how to complete the Comprehensive Assessment. Each section on the Comprehensive Assessment was reviewed for completeness in accuracy. 100% of all comprehensive assessments will be audited monthly over the next 4 months then quarterly. The Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The Quality Committee will also review this process at their quarterly record review meeting to ensure compliance is maintained.</p>	10/23/2012	

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	<p>2. On 10/16/12 at 5:01 PM, employee B indicated the comprehensive assessment dated 8/25/12 was not completed and was not signed by the assessor. She also indicated there was not a physician order for the recertification and continued home health services.</p> <p>3. The policy dated August 2011 titled "Initial and Comprehensive Assessment" stated, "The assessment will be patient - specific and comprehensive to include the patient's need for home care, rehabilitative care, social, and discharge planning needs. This assessment will measure patient outcomes from data collected at the start of care and at the following intervals thereafter: 1. The last five (5) days of every 60 day episode beginning with the start of care date (recertification)."</p>			

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N0565	<p>410 IAC 17-14-1(c)(4) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (4) help develop the plan of care (revising as necessary); Based on clinical record and policy review and interview, the agency failed to ensure orders for treatment were received and a plan of care was developed for the treatment provided by the physical therapist in 1 (# 2) of 4 clinical records reviewed of patients receiving physical therapy services with the potential to affect all patients receiving therapy services.</p> <p>The findings include:</p> <p>1. Clinical record #2, start of care (SOC) 6/27/12, included a plan of care (POC) established by the physician for the certification period 8/26/12 through 10/24/12 with orders for a physical therapy (P.T.) evaluation. The evaluation was completed on 8/29/12 and physical therapy treatments were provided on 8/31/12, 9/5/12, 9/10/12, 9/12/12, 9/17/12, and 9/22/12. The plan of care and clinical record failed to evidence physician orders for the services and treatments provided. The P.T. evaluation dated 8/29/12 was signed by the attending physician on 9/30/12.</p>	N0565	N0565 The Nurse Consultant inserviced all liscense staff on policy " Physician Participation In Plan Of Care".The office staff will deliver and pick up physcian orders to the Physician Office 2 times weekly. A copy of the facility policy will be given to all physicians. The field staff was educated on submitting Physician orders as that are written so orders can be taken to physician for sigature to ensure orders are signed within the 30 day time period. The office staff will use a audit tool to track orders to ensure orders are signed and incorporated into the patient record within the 30 day time period.100% of all clinical records will be audited monthly over the next 4 months then 25% quarterly.The Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.The Quality Committe will review this process at their quarterly record reviw meetings to ensure compliance is maintained.	10/18/2012			

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	<p>2. On 10/16/12 at 5:01 PM (central time), employee B indicated the PT evaluation was submitted to the physician and was to also be considered the physician order. The physician signed the PT evaluation on 9/30/12.</p> <p>3. The agency's policy titled "Physician Participation in Plan of Care" dated August 2011 states, "A physician will direct the care of every home health care patient admitted per service. The attending physician will certify that medical, skilled, rehabilitative, and social services provided by the organization are medically required for the patient. ... Physician orders will be individualized, based on patient needs, and include: A. Patient diagnoses. B. Treatments and / or procedures needed, including type, frequency, duration, and goals."</p> <p>4. The policy dated August 2011 titled "Physical Participation In Plan of Care" stated, "The attending physician will certify the need for the home health care services by signing the plan of care / treatment within 30 days."</p>			

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N0572	<p>410 IAC 17-14-1(e) Scope of Services Rule 14 Sec. 1(e) Any social services furnished by the home health agency, shall be provided by a social worker, or a social work assistant under the supervision of a social worker, and in accordance with the medical plan of care.</p> <p>Based on interview and review of clinical records and policies, the agency failed to ensure the services provided by the social worker followed the medical plan of care as established by the physician and orders were obtained for all services and treatments provided in 1 of 1 (# 1) clinical record reviewed where the services of a social worker were provided with the potential to affect all patients who receive social worker services.</p> <p>The findings include:</p> <p>1. Clinical record #1, start of care (SOC) 10/4/12, included a physician order dated 10/4/12 for an evaluation by a social worker. The record failed to evidence an order for continued services from the social worker.</p> <p>A. On 10/15/12 at 11:30 AM, employee A, a social worker, indicated she had provided services to the patient.</p> <p>B. On 10/15/12 at 1:45 PM, employee N indicated the plan of care for patient 1</p>	N0572	<p>N0572 The Nurse Consultant inserviced all liscense staff on policy "Physician Participation in Plan of Care" During the inservice with staff it was agreed the Medical Social Worker would incorporate all services, freqency and treatment on the initial evaluation. The evaluation will be sent to the physician for signature. 100% of all clinical records involving Social Worker will be audited monthly over the next four months then 25% quarterly. The Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The Quality Committee will also review this process at their quarterly record review meeting to ensure compliance is maintained.</p>	10/18/2012			

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	<p>was not available yet as it was not completed and available for review.</p> <p>C. On 10/15/12 at 2:45 PM, the social worker visit notes dated October 9, 12, and 13, 2012, documented by employee A, were provided by employee N.</p> <p>1. The visit note dated 10/9/12 stated, "Reason for the visit: Anxiety / coping, prevent abuse / neglect, and assess for safety."</p> <p>2. The visit note dated 10/12/12 stated, "Reason for the visit: Potential abuse / neglect."</p> <p>3. The visit note dated 10/13/12 stated, "Reason for the visit: Anxiety / coping and Potential abuse / neglect."</p> <p>4. The clinical record failed to evidence physician orders for the medical social worker.</p> <p>5. On 10/16/12 at 6 PM, employee B indicated there was no further information available.</p> <p>2. The agency's policy titled "Physician Participation in Plan of Care" dated August 2011 states, "A physician will direct the care of every home health care patient admitted per service. The</p>				

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	<p>attending physician will certify that medical, skilled, rehabilitative, and social services provided by the organization are medically required for the patient. ... Physician orders will be individualized, based on patient needs, and include: A. Patient diagnoses. B. Treatments and / or procedures needed, including type, frequency, duration, and goals."</p>			

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N0573	<p>410 IAC 17-14-1(e) Scope of Services Rule 14 Sec. 1(e) The social worker shall do the following: (1) Assist the physician and other team members in understanding the significant social and emotional factors related to the health problems.</p> <p>Based on interview and review of clinical records and policies, the agency failed to ensure the physician was notified of the significant safety factors related to the patient's health problems in 1 of 1 (# 1) clinical record reviewed where the services of a social worker were provided with the potential to affect all patients receiving social worker services.</p> <p>The findings include:</p> <p>1. Clinical record #1, start if care (SOC) 10/4/12, included a physician order dated 10/4/12 for an evaluation by a social worker. The record failed to evidence an order for continued services of the social worker.</p> <p>A. On 10/15/12 at 11:30 AM employee A, a social worker, indicated she had provided services to the patient.</p> <p>B. On 10/15/12 at 1:45 PM, employee N indicated the plan of care for patient 1 was not available yet as it was not completed. The social workers visit notes</p>	N0573	N0573 The Nurse Consultant inserviced all liscense staff on policy "Physician Participation in Plan of Care" During the inservice with staff it was agreed the Medical Social Worker would incorporate all services, freqency and treatment on the initial evaluation. The evaluation will be sent to the physician for signature. 100% of all clinical records involving Social Worker will be audited monthly over the next 4 months then 25% quarterly. The Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The Quality Committee will also review this process at their quarterly record review meeting to ensure compliance is maintained.	10/18/2012			

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	<p>were not available for review as the social worker had not delivered her visit notes to the office yet.</p> <p>C. On 10/15/12 at 2:45 PM, the social worker's visit notes were provided and reviewed.</p> <p>1. The visit note dated 10/9/12 stated, "Reason for the visit: Anxiety / coping, prevent abuse / neglect, and assess for safety." The note and clinical record failed to evidence documentation the physician was notified.</p> <p>2. The visit note dated 10/12/12 stated, "Reason for the visit: Potential abuse / neglect." The note and clinical record failed to evidence a physician order for the visit and that the physician was notified of the potential abuse.</p> <p>3. The visit note dated 10/13/12 stated, "Reason for the visit: Anxiety / coping and Potential abuse / neglect." The note and clinical record failed to evidence a physician order for the visit and that the physician was notified of the potential abuse.</p> <p>2. The agency's policy titled "Physician Participation in Plan of Care" dated August 2011 states, "A physician will direct the care of every home health care</p>			

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	patient admitted per service. ... Orders will be reviewed and revised by the patient's physician based on: A. Changes in the care or service being provided, B. Changes in the patient's ... psychosocial condition. "			

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N0574	<p>410 IAC 17-14-1(e)(2) Scope of Services Rule 14 Sec. 1(e) The social worker shall do the following: (2) Participate in the development of the plan of care.</p> <p>Based on clinical record review and interview, the agency failed to ensure the social worker participated in the development of the medical plan of care in 1 of 1 record review with services provided from a social worker.</p> <p>The findings include:</p> <p>1. Clinical record #1, start if care (SOC) 10/4/12, included a physician order dated 10/4/12 for an evaluation by a social worker.</p> <p>A. On 10/15/12 at 11:30 AM employee A, a social worker, indicated she had provided services to the patient.</p> <p>B. On 10/15/12 at 1:45 PM, employee N indicated the plan of care for patient 1 was not completed and available for review.</p> <p>C. On 10/15/12 at 2:45 PM, the social worker visit notes dated October 9, 12, and 13, 2012 and documented by employee A were provided by employee N and reviewed.</p>	N0574	<p>N0574 The Director of Nursing met with the Social Worker to educated her on the importance of her participation in the development of the plan of care. During the inservice with staff it was agreed the Medical Social Worker would incorporate all services, frequency and treatment on the initial evaluation. The evaluation will be sent to the physician for signature. 100% of all clinical records involving Social Worker will be audited monthly over the next 4 months then 25% quarterly. The Director of Nurses will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The Quality Committee will also review this process at their quarterly record review meeting to ensure compliance is maintained.</p>	10/18/2012

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	<p>1. The visit note dated 10/9/12 states, "Reason for the visit: Anxiety / coping, prevent abuse / neglect, and assess for safety."</p> <p>2. The visit note dated 10/12/12 states, "Reason for the visit: Potential abuse / neglect."</p> <p>3. The visit note dated 10/13/12 states, "Reason for the visit: Anxiety / coping and Potential abuse / neglect."</p> <p>4. On 10/16/12 at 5:44 PM, employee B indicated employee M, a registered dietician, provided services to the patient on 10/13/12. The order for the registered dietician was obtained by employee B and was not written and available for review.</p> <p>5. The clinical record failed to evidence physician orders for the medical social worker and a medical plan of care was developed with participation from the social worker.</p>			