

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/11/2013
NAME OF PROVIDER OR SUPPLIER  COMFORT HOME HEALTH LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1815 S PLATE STREET KOKOMO, IN 46902		
(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	
N000000	<p>This was a Home Health re-licensure survey.</p> <p>Survey Dates: July 9, July 10, &amp; July 11, 2013</p> <p>Facility #: 012349</p> <p>Medicaid #: 201004280</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Agency Census: 236 skilled, 43 home health aide only, 0 personal services</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 12, 2013</p>	N000000			

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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N000606	<p>410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse completed a supervisory visit of the home health aide every 14 days as required by agency policy for 1 of 4 records reviewed of patients receiving home health aide and skilled nurse services with the potential to affect all the patients who receive skilled nurse and home health aide services. (#2)</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care 11/22/11, included a plan of care for the certification period 5/15/13 - 7/13/13 with orders for skilled nursing and home health aide services. The record evidenced a supervisory visit was made by the registered nurse on 4/30/13 and 37 days later on 6/6/13.</p> <p>2. On 7/10/13 at 10:38 AM, employee B indicated the supervisory visit was missed.</p>	N000606	<p>1. The QI team will review every active patient chart to insure that the home health aide supervisory visits were documented every 14 days. 2. The steps or systemic changes that will be implemented include the following: a. Nursing and Therapists will be inserviced at the clinical coordination meeting regarding policy 2.49 Home Health Aide Supervisory visits. b. Supervisory visits that are done on recertification will be documented on page 10 of the careplan. These must be handwritten. c. The chart audit form will be revised to include the auditing of page 10 of the care plan for the documentation of the home health aide supervisory visit completed. d. The recert checkoff sheet which is on the recert packets will, also, include a reminder for the nurse/therapist to chart the supervisory visit on page 10 of the care plan. e. The QI team will do 100% audits of all recerts to check that the supervisory visits</p>	07/26/2013			

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	3. The agency policy titled "2.49 Home Health Aide Supervisory Visits" with a review date of 1/17/13 states, "Policy: 1. When a patient/client is receiving skilled services, a home health care RN or therapist will make a supervisory visit to the / patient/client's residence at least every 14 days according to the patient/client's acuity level. ... Procedure: 1. For home health aide cases with skilled needs, an RN makes an HHA supervisory visit to the patient's residence at least every 14 days with or without the presence of the HHA to perform the following: ... ."		were documented. This will be continuous monitoring with no end date.		