

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157554	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/04/2013
NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOMECARE PLUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 N WABASH AVE STE 100 MARION, IN 46952		
(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	
G0000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Facility #: 003890</p> <p>Survey Dates: 2/26 to 3/4/13</p> <p>Medicaid Vendor #: 200469840</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>March 7, 2013</p>	G0000			

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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G0159	<p>484.18(a) PLAN OF CARE 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 clinical record review, policy and procedure review, and interview, the agency failed to ensure the plan of care included all the patient's equipment in 7 of 15 clinical records reviewed of patients requiring durable medical equipment creating the potential to affect all of the agency's patients. (#3, #5, #6, #7, #8, #14, and #17)</p> <p>Findings include:</p> <p>1. Clinical record #3, start of care 12/19/12, included a plan of care for the certification period of 12/19/12 to 2/16/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 2/14/13 by employee S states (page 6), "Equipment/Supplies Durable Medical Equipment Available: Multi-wheeled Walker, Elevated Toilet Seat, Tub Chair."</p>	G0159	<p>The Directors of Nursing provided a comprehensive in-service to the nursing and therapy staffs reviewing the following regulatory & agency specific expectations:</p> <p>1) Care provided must follow the written plan of care established by the physician (i.e. wound care). 2) Medical plan of care shall include all services to be provided including the types of services and equipment required.</p> <p>All written plans of care (485s) will be reviewed by Directors of Nursing, as part of the admission review, for inclusion of types of service and equipment required,</p> <p>The Administrator and/or Directors of Nursing will be</p>	03/15/2013			

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	<p>These items were not included on the plan of care.</p> <p>2. Clinical record #5, start of care 8/17/12, included a plan of care for the certification period of 10/16/12 to 12/14/12 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 10/11/12 by employee T states (page 6), "Equipment/Supplies (M&E 810 B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." These items were not included on the plan of care.</p> <p>3. Clinical record #6, start of care 11/13/12, included a plan of care for the certification period of 1/12/13 to 3/12/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 1/8/13 by employee S states (page 7), "Equipment/Supplies Durable Medical Equipment Available: Standard Walker, Rolling Walker, Tub Chair, Hospital Bed (M&E 810B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." These items were not included on the plan of care.</p> <p>4. Clinical record #7, start of care</p>		responsible for monitoring these corrective actions to ensure that these deficiencies are corrected and will not recur.				

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	<p>11/29/12, included a plan of care for the certification period of 1/28/13 to 3/28/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 1/23/13 by employee A states (page 9), "Equipment/Supplies Durable Medical Equipment Available: Wheelchair, Hospital Bed (M&E 810B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer, Specialized Mattress System, Nebulizer." These items were not included on the plan of care.</p> <p>5. Clinical record #8, start of care 11/4/12, included a plan of care for the certification period of 1/3/13 to 3/3/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 1/2/13 by employee U states (page 7), "Equipment/Supplies Durable Medical Equipment Available: Cane (M&E 810B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." These items were not included on the plan of care.</p> <p>6. Clinical record #14, start of care 1/25/13, included a plan of care for the certification period of 1/25/13 to 3/25/13</p>						

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	<p>that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN00-RN OASIS ADMISSION" dated 1/25/13 by employee A states (page 12), "Equipment/Supplies (M&E 810 B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." This item was not included on the plan of care.</p> <p>7. Clinical record #17, start of care 2/21/13, included a plan of care for the certification period of 2/21/13 to 4/21/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN00-RN OASIS ADMISSION" dated 2/21/13 by employee V states (page 12), "Equipment/Supplies (M&E 810 B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Nebulizer, O2 (Liquid or Concentrator)." These items were not included on the plan of care.</p> <p>8. Agency policy titled "Plan of Care Policy # 1-B-019" with a revised date as 5/10 states, "Procedure ... 2. The Plan of Care will be completed in full to include: ... J. medical supplies and equipment required."</p> <p>9. On 2/27/13 at 12:30 PM, employee K</p>						

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	indicated she was not aware that all of the patients' medical equipment and supplies needed to be included on the plan of care.			

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G0226	<p>484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE</p> <p>The duties of a home health aide include the provision of hands on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self administered.</p> <p>Based on clinical record review and interview, the agency failed to ensure the Home Health Aides (HHA) provided services assigned by the registered nurse on the aide plan of care for 1 of 6 records reviewed which contained a Home Health Aide Care Plan. (#6)</p> <p>Findings include:</p> <p>1. Clinical record #6 contained an Aide Care Plan Report with a reviewed date of 1/12/13 which indicated the HHA was assigned the following tasks at every visit: Temperature, Blood Pressure, Respirations, and Pulse. Bathing (Bed/Bath), Bathing (Tub Bath/Shower), Shampoo, Hair Care, Skin Care, Perineal Care, Foot Care, Nail Care, and Dressing were assigned per client request. The Home Health Aide visit reports dated 1/18, 1/23, and 2/15/13 failed to evidence the HHA, employee M, obtained the patient's temperature.</p>	G0226	<p>The Administrator has provided written communication to all Home Health aide staff that their duties include the provision of hands on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered. Any services assigned by the registered nurse on the aide plan of care must be completed as assigned. The Administrator and/or Director of Nursing will be responsible for monitoring these corrective actions to ensure that these deficiencies are corrected and will not recur.</p>	03/15/2013			

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N0000	<p>2. On 2/27/13 at 1:00 PM, employee K indicated the HHA should be following the tasks assigned on the Aide Care Plan.</p> <p>This was a state home health agency relicensure survey.</p> <p>Facility #: 003890</p> <p>Survey Dates: 2/26 to 3/4/13</p> <p>Medicaid Vendor #: 200469840</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>March 7, 2013</p>	N0000			

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review, policy and procedure review, and interview, the agency failed to ensure the plan of care included all the patient's equipment in 7 of 15 clinical records reviewed of patients requiring durable medical equipment creating the potential to affect all of the agency's patients. (#3, #5, #6, #7, #8, #14, and #17)</p> <p>Findings include:</p>	N0524	<p>The Directors of Nursing provided a comprehensive in-service to the nursing and therapy staffs reviewing the following regulatory & agency specific expectations:</p> <p>1) Care provided must follow the written plan of care established by the physician (i.e. wound care). 2) Medical plan of care shall include all services to be provided including the types of services</p>	03/15/2013

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	<p>1. Clinical record #3, start of care 12/19/12, included a plan of care for the certification period of 12/19/12 to 2/16/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 2/14/13 by employee S states (page 6), "Equipment/Supplies Durable Medical Equipment Available: Multi-wheeled Walker, Elevated Toilet Seat, Tub Chair." These items were not included on the plan of care.</p> <p>2. Clinical record #5, start of care 8/17/12, included a plan of care for the certification period of 10/16/12 to 12/14/12 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 10/11/12 by employee T states (page 6), "Equipment/Supplies (M&E 810 B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." These items were not included on the plan of care.</p> <p>3. Clinical record #6, start of care 11/13/12, included a plan of care for the certification period of 1/12/13 to 3/12/13 that failed to evidence all of patient's equipment and supplies. A document</p>		<p>and equipment required.</p> <p>All written plans of care (485s) will be reviewed by Directors of Nursing, as part of the admission review, for inclusion of types of service and equipment required,</p> <p>The Administrator and/or Directors of Nursing will be responsible for monitoring these corrective actions to ensure that these deficiencies are corrected and will not recur.</p>		

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	<p>titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 1/8/13 by employee S states (page 7), "Equipment/Supplies Durable Medical Equipment Available: Standard Walker, Rolling Walker, Tub Chair, Hospital Bed (M&E 810B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." These items were not included on the plan of care.</p> <p>4. Clinical record #7, start of care 11/29/12, included a plan of care for the certification period of 1/28/13 to 3/28/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN02-RN RECERT WITH SKILL" dated 1/23/13 by employee A states (page 9), "Equipment/Supplies Durable Medical Equipment Available: Wheelchair, Hospital Bed (M&E 810B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer, Specialized Mattress System, Nebulizer." These items were not included on the plan of care.</p> <p>5. Clinical record #8, start of care 11/4/12, included a plan of care for the certification period of 1/3/13 to 3/3/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type:</p>						

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	<p>RN02-RN RECERT WITH SKILL" dated 1/2/13 by employee U states (page 7), "Equipment/Supplies Durable Medical Equipment Available: Cane (M&E 810B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." These items were not included on the plan of care.</p> <p>6. Clinical record #14, start of care 1/25/13, included a plan of care for the certification period of 1/25/13 to 3/25/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN00-RN OASIS ADMISSION" dated 1/25/13 by employee A states (page 12), "Equipment/Supplies (M&E 810 B) Complex Supply Needs Required To Maintain Patient's Medical Condition: Glucometer." This item was not included on the plan of care.</p> <p>7. Clinical record #17, start of care 2/21/13, included a plan of care for the certification period of 2/21/13 to 4/21/13 that failed to evidence all of patient's equipment and supplies. A document titled "Visit Note Report Visit Type: RN00-RN OASIS ADMISSION" dated 2/21/13 by employee V states (page 12), "Equipment/Supplies (M&E 810 B) Complex Supply Needs Required To Maintain Patient's Medical Condition:</p>			

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	<p>Nebulizer, O2 (Liquid or Concentrator)." These items were not included on the plan of care.</p> <p>8. Agency policy titled "Plan of Care Policy # 1-B-019" with a revised date as 5/10 states, "Procedure ... 2. The Plan of Care will be completed in full to include: ... J. medical supplies and equipment required."</p> <p>9. On 2/27/13 at 12:30 PM, employee K indicated she was not aware that all of the patients' medical equipment and supplies needed to be included on the plan of care.</p>			

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry. Based on personnel file review, document review, and interview, the agency failed to ensure the Home Health Aides was entered on and in good standing on the State Aide Registry for 2 of 7 Home Health Aide files reviewed with the potential to affect all the agency's patient's that receive home health aide services. (employees E and F)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file for employee E, date of hire 11/19/12, failed to evidence verification the employee was entered on and in good standing on the state aide registry. 2. Personnel file for employee F, date of hire 7/12/12, failed to evidence verification the employee was entered on and in good standing on the state aide registry. 3. Agency job description titled, "Home Health Aide" states, "Required Education, Knowledge, Aptitude & Skills" and "Active HHA certification in good standing with the State Department of 	N0597	<p>The Administrator has confirmed that all home health aides employed by the agency have been submitted to the state aide registry for entry as required.</p> <p>The agency practice will be: Prior to the provision of services by newly employed home health aides, the agency will verify that the home health aides are entered on and are in good standing on the state aide registry.</p> <p>The Directors of Nursing and/or the Human Resource Manager/Administrative Assistant will be responsible for monitoring these actions to ensure that these deficiencies are corrected and will not recur.</p>	03/12/2013	

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	<p>Health with at least 1 year of previous nursing experience."</p> <p>4. On 3/4/13 at 10:30 AM, employee R indicated home health aides E and F have Certified Nurses Aide registrations but not home health aide registrations.</p>			