STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157249	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSOCIATED HOMECARE INC	2255 STURDY RD VALPARAISO, IN 46383

(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	This was a federal Home Health Agency complaint investigation. Complaint #: IN00143374 - Unsubstantiated: lack of sufficient evidence. Unrelated deficiencies are cited. Survey date: February 20 - 21, 2014 Facility #: IN006155 Medicaid vendor #: 100265980A Surveyor: Ingrid Miller, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN February 24, 2014	G000000		

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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G000110	484.10(c)(2)(ii) RIGHT TO BE INFORMED AND PARTICIPATE The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided. Based on clinical record review, interview, and agency document review, the agency failed to ensure patients were provided the current Advanced directives, including a description of applicable State law, in 3 of 3 records reviewed (#1, 3, 4) with the potential to affect all the active patients of the agency. Findings include 1. The admission packet given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to	G000110	The current copy of the Advance Directive handout has been obtained and distribution to all patients on service will be completed by March 7, 2014. It is the responsibility of Georgine Owens, RN to insure compliance.	03/07/2014

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	the patients at the start of care (SOC). 2. On February 20, 2014, at 4 PM, the administrator / director of nursing indicated the advanced directives were not the effective and current Indiana advanced directives (effective May 2004 and revised July 1, 2013) in patients # 1, 3, and 4 home admission packages and that all the patients of the agency needed to receive the updated advanced directives. 3. Clinical record #1, SOC 2/17/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 4. Clinical record #3, SOC 1/20/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 5. Clinical record #4, SOC 1/9/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.			

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G000159	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. Based on clinical record review, policy review, and interview, the agency failed to ensure the visits ordered did not include a 0 frequency for 2 of 3 records reviewed (#3 and #4)to affect all the agency's patients. Findings include: 1. Clinical record #3, start of care (SOC) 1/20/14, contained a plan of care (POC) dated 1/20/14 - 3/20/14 with orders for Skilled Nurse (SN) 1 times a week for 1 week, 2 times a week for 2	G000159	All nurses were in-serviced on how to write an order for the first week when no visit will be made: to discontinue using "0" and replace it with "No visit(s) the first week; start services week 2 with #visits/wk by #weeks" or comparable. It shall be the responsibility of Georgine Owens, RN to insure compliance.	03/03/2014

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	weeks, and 1 times a week for 6 weeks, and as needed visits for pain, falls, labs, and increased confusion and Home health aide 0 times a week for 1 week and 2 times a week for 7 weeks. 2. Clinical record #4, SOC 1/9/14, contained a POC dated 1/9/14 - 3/9/14 with orders for SN 1 times a week for 1 week, 1 times a week for 6, and 3 times a week as needed for falls, increased pain, and labs and PT 0 times a week for 1 week and 2 - 3 times a week for 5 weeks. 3. On 2/20/14 at 3:30 PM, the administrator indicated that "0" is not a frequency. 4. The agency policy titled "Physician's Orders / Plan of Care" with no effective date stated, "The physician sets up a plan of care which included the diagnosis, prognosis, medications, frequency and type of services ... to be provided by the agency."			
N000000	This was a home health state complaint	N000000		

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	investigation. Complaint #: IN00143374 - Unsubstantiated: lack of sufficient evidence. Unrelated deficiencies are cited. Survey date: February 20 - 21, 2014 Facility #: IN006155 Medicaid vendor #: 100265980A Surveyor: Ingrid Miller RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN February 24, 2014			
N000518	410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. The home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided. Based on clinical record review, interview, and agency document review, the agency failed to ensure patients were provided the current Advanced directives, including a description of	N000518	The current copy of the Advance Directive handout has been obtained and distribution to all patients on service will be completed by March 7, 2014. It is the responsibility of Georgine	03/07/2014

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	applicable State law, in 3 of 3 records reviewed (#1, 3, 4) with the potential to affect all the active patients of the agency. Findings include 1. The admission packet given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start of care (SOC). 2. On February 20, 2014, at 4 PM, the administrator / director of nursing indicated the advanced directives were not the effective and current Indiana advanced directives (effective May 2004 and revised July 1, 2013) in patients # 1, 3, and 4 home admission packages and that all the patients of the agency needed to receive the updated advanced directives. 3. Clinical record #1, SOC 2/17/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 4. Clinical record #3, SOC 1/20/14, failed to contain an updated July 1,		Owens, RN to insure compliance.	

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	2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 5. Clinical record #4, SOC 1/9/14, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.			
N000524	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (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.			

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	Based on clinical record review, policy review, and interview, the agency failed to ensure the visits ordered did not include a 0 frequency for 2 of 3 records reviewed (#3 and #4)to affect all the agency's patients. Findings include: 1. Clinical record #3, start of care (SOC) 1/20/14, contained a plan of care (POC) dated 1/20/14 - 3/20/14 with orders for Skilled Nurse (SN) 1 times a week for 1 week, 2 times a week for 2 weeks, and 1 times a week for 6 weeks, and as needed visits for pain, falls, labs, and increased confusion and Home health aide 0 times a week for 1 week and 2 times a week for 7 weeks. 2. Clinical record #4, SOC 1/9/14, contained a POC dated 1/9/14 - 3/9/14 with orders for SN 1 times a week for 1 week, 1 times a week for 6, and 3 times a week as needed for falls, increased pain, and labs and PT 0 times a week for 1 week and 2 - 3 times a week for 5 weeks. 3. On 2/20/14 at 3:30 PM, the administrator indicated that "0" is not a frequency.	N000524	All nurses were in-serviced on how to write an order for the first week when no visit will be made: to discontinue using "0" and replace it with "No visit(s) the first week; start services week 2 with #visits/wk by #weeks" or comparable. It shall be the responsibility of Georgine Owens, RN to insure compliance.	03/07/2014

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	4. The agency policy titled "Physician's Orders / Plan of Care" with no effective date stated, "The physician sets up a plan of care which included the diagnosis, prognosis, medications, frequency and type of services ... to be provided by the agency."			