

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/31/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  PROMISE HOME SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2107 W ST RD 28 FRANKFORT, IN 46041
---	---

(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 visit was for a home health agency state relicensure survey.</p> <p>Survey Dates: May 30 and 31, 2013.</p> <p>Facility #: 004978</p> <p>Medicaid Vendor #: NA</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>Current Census: 262 Skilled: 8 Home health aide only: 51 Personal Care only: 203</p> <p>Record Review: 7 Home Visit: 2</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 4, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2013	
NAME OF PROVIDER OR SUPPLIER  PROMISE HOME SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 2107 W ST RD 28 FRANKFORT, IN 46041			
(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			
N000533	<p>410 IAC 17-13-2 Nursing Plan of Care Rule 13 Sec. 2(a) A nursing plan of care must be developed by a registered nurse for the purpose of delegating nursing directed patient care provided through the home health agency for patients receiving only home health aide services in the absence of a skilled service.</p> <p>(b) The nursing plan of care must contain the following:                      (1) A plan of care and appropriate patient identifying information.                      (2) The name of the patient's physician.                      (3) Services to be provided.                      (4) The frequency and duration of visits.                      (5) Medications, diet, and activities.                      (6) Signed and dated clinical notes from all personnel providing services.                      (7) Supervisory visits.                      (8) Sixty (60) day summaries.                      (9) The discharge note.                      (10) The signature of the registered nurse who developed the plan.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the nursing plan of care included a duration for the aide visits in 2 of 2 records reviewed of patients receiving regularly scheduled home health aide (HHA) services only (#s 3 and 4).</p> <p>Findings include:</p> <p>1. Clinical record # 3, start of care 8/23/12, included a nursing plan of care dated 4/20/13 through 6/18/13 that stated, "HHA 1-3 X [times] week 1, then X 2</p>	N000533	The Nursing Supervisor inserviced all nursing staff that the duration of home health aide visits must be included on the Nursing plan of care. Duration to depict the length of time of the visit as well as the amount of weeks for the cert period. IE; HHA 1-3 x wk for 2hrs each visit (patient may change frequency and duration as desired) x 9 weeks.10% of all clinical records will be audited quarterly for evidence that Nursing Plans of care include both frequency and duration, which depicts both length of visit and time of cert	06/05/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2013
NAME OF PROVIDER OR SUPPLIER  PROMISE HOME SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 2107 W ST RD 28 FRANKFORT, IN 46041		
(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	
	<p>months." The plan of care failed to evidence a duration of visits.</p> <p>2. Clinical record # 4, start of care 7/16/09 included a nursing plan of care dated 4/23/13 through 6/21/13 that stated, "HHA 1-3 X week 1, then X 2 months." The plan of care failed to evidence a duration of visits.</p> <p>3. The undated policy titled "Nursing Plan of Care" number C-610 stated, "The nursing plan of care must contain the following: ... 4. The frequency and duration of visits."</p> <p>4. On May 31, 2013, at 1:45 PM, the administrator indicated the agency did not write the duration of visits on nursing plans of care.</p>		<p>period. The Nursing Supervisor will be responsible for monitoring these corrective actions to ensure tht this deficiency is corrected and will not recur.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2013	
NAME OF PROVIDER OR SUPPLIER  PROMISE HOME SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 2107 W ST RD 28 FRANKFORT, IN 46041			
(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			
N000608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on clinical record review and interview, the agency failed to ensure all record documents were filed in the clinical record timely for 2 of 2 records (record 3 and 4) reviewed of patients receiving home health aide only services.</p> <p>Findings include:</p> <p>1. Clinical record # 3, start of care 8/23/12, included a nursing plan of care dated 4/20/13 through 6/18/13 that stated, "HHA 1-3 X [times] week 1, then X 2 months." On May 30, 2013, the record failed to evidence any documentation that care was provided to the patient since</p>	N000608	The Nursing Supervisor inserviced all staff that clinical notes must be in the patient's chart within 14 days of the visit. Staff verbalized understanding and a new process was developed that notes go to biller first, then to Alternate Nursing Supervisor for audit, then to filing person and each of these three persons cannot keep notes for over 2 days each ensuring time of visit to filing is 14 days or less. 10% of all clinical records will be audited quarterly for evidence that all summary notes/documentation are in the patient's clinical records within 14 days of time visit was completed. The Nursing	06/05/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2013	
NAME OF PROVIDER OR SUPPLIER  PROMISE HOME SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 2107 W ST RD 28 FRANKFORT, IN 46041			
(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			
	<p>May 10, 2013, a period of 20 days.</p> <p>On 5/30/13 at 12:32 PM, employee B indicated the aide visit notes are delivered to the main parent site and then sent to the branch office for filing in the clinical record. At 3:40 PM, employee B provided a facsimile copy of an aide visit note dated May 14, 2013, for review and indicated the note was received from the parent site</p> <p>2. Clinical record # 4, start of care 7/16/09, included a nursing plan of care dated 4/23/13 through 6/21/13 that stated, "HHA 1-3 X week 1, then X 2 months." On May 30, 2013, the record failed to evidence any documentation that care was provided to the patient since May 10, 2013, a period of 20 days.</p> <p>On 5/30/13 at 2:45 PM, employee B indicated the aide visit notes were delivered to the main parent site and then sent to the branch office for filing in the clinical record. At 4:16 PM, employee A provided a facsimile copy of an aide visit note dated May 14, 2013, for review and indicated the note was received from the parent site.</p>		Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.				