STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RELIABLE HOME HEALTHCARE SERVICES	2141 N FRANKLIN RD INDIANAPOLIS, IN 46219

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G000000	This visit was for a complaint investigation of a home health agency. The survey became fully extended on 12-18-2014. Fully extended survey dates were 12-18, 12-19, 12-22-2014, and 1-8, 1-9, 1-12 and 1-13-2015 Survey dates: 12-18, 12-19, 12-22-2014, and 1-8, 1-9, 1-12, and 1-13-2015 Complaint #: IN00152957; Substantiated - Federal deficiencies related to the allegation are cited. Unrelated deficiencies are also cited. Facility #: IN012999 Medicaid Vendor: 201124380 Surveyor: Deborah Franco, RN, PHNS Census: 25 Unduplicated skilled admissions last 12 months 62 Home Health Aide only patients 87 Total Reliable Home Healthcare Services is	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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	precluded from providing a home health aide training and competency evaluation program for a period of 2 years beginning 1-13-2015 for being found out of compliance with the Conditions of Participation 42 CFR 484.14 Organization, Services, and Administration; 484.16 Group of Professional Personnel; 484.36 Home Health Aide Services; 484.52 Program Evaluation; 484.48 Clinical Records; and 484.55 Comprehensive Assessment of Patients. Quality Review: Joyce Elder, MSN, BSN, RN January 20, 2015			
G000110	484.10(c)(2)(ii) RIGHT TO BE INFORMED AND PARTICIPATE			

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	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 document review, clinical record review, and interview, the agency failed to ensure patients were provided the current Indiana Advance Directives, including a description of applicable State law, in 10 of 10 records reviewed (1 - 10) with the potential to affect the exercise of rights of agency's 64 active patients. Findings include: 1. The admission package given to agency patients failed to include the state of Indiana Advanced Directives revised July 1, 2013. The admission packet contained a copy of state of Indiana Advance Directive brochure from May 2004. 2. Clinical record 1, start of care (SOC) 2-24-14, contained an acknowledgment	G000110	1.All current patients will receive a copy of theAdvanced Directives July 1, 2013. Director of Nursing will be responsible to ensure this is done. (Complete by Feb 12, 2015) 2.Patients will sign a form indicating they havereceived the updated Advanced Directives. This form will be filed in thepatient's chart. Director of Nursing will be responsible to ensure this isdone. (Completeby Feb 12, 2015) 3.Director of Nursing will check all admissionpackets to ensure they contain the Advanced Directives dated July 1, 2013. (Complete by Jan 30, 2015) 4.Director of Nursing/designee will discard unused copies of Advanced Directives dated May 2004. (Complete by Jan 30, 2015) 5.Director of Nursing will be responsible toinstruct all nurses to make sure they are giving patients the AdvancedDirectives	02/12/2015

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	of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 3. Clinical record 2, SOC 12-2-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 4. Clinical record 3, SOC 12-2-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 5. Clinical record 4, SOC 10-3-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. During home visit on 12-19-14 at 11:00 AM, the patient's packet contained a 2004 version of Indiana Advance Directives. 6. Clinical record 5, SOC 8-8-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana		dated July 1, 2013. (Complete by Jan 30,2015) 6. Nursing Director/designee will check current charts to ensure all current patients have updated Advanced Directives. (Complete by Feb 12,2015)	

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	Advanced Directives. 7. Clinical record 6, SOC 2-8-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 8. Clinical record 7, SOC 10-23-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 9. Clinical record 8, SOC 11-22-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 10. Clinical record 9, SOC 1-21-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 11. Clinical record 10, SOC 11-8-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated			

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	July 1, 2013, version of the 2004 Indiana Advanced Directives. 12. Employee JJ, the Administrator, indicated on 12-18-14 at 1:30 PM, the agency failed to change its admission packet when the Indiana Advance Directive brochure was updated July 2013. She indicated existing patients did not receive the updated version and patients admitted after July 2013 did not receive a description of current Indiana law regarding advance directives.			
G000114	484.10(e)(1(i-iii) PATIENT LIABILITY FOR PAYMENT Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay. Based on clinical record review, policy review, and interview, the agency failed to provide notice to the patient in advance of services of potential liability for payment in 1 of 10 clinical records reviewed (# 2). Findings include: 1. Clinical record 2, start of care	G000114	1.Directorof Nursing will orient all nurses on the need to give patients an AdvancedBeneficiary Notice indicating what the potential liability for payment wouldbe. (Completeby Jan 30, 2015) 2.Directorof Nursing/designee will include in orientation of new nurses the need toinform patient of potential liability for payment at time of admission. (Immediately	02/13/2015

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	12-2-13, included a physician's plan of care for certification period 12-2-13 to 1-30-14 with orders for skilled nursing and home health aide services. The clinical record failed to evidence a notice to patient in advance of services of potential liability for services which were to be furnished by the agency. 2. Agency policy "Client Conduct, Responsibilities, and Ethics", #301, last reviewed/revised 9-4-13, states, "The client has the right to be informed, before care is initiated, of the extent to which payment may be expected from the client, third party payer, and any other source of funding known to the Agency." 3. On 12-18-14 at 1:30 PM, Employee JJ, Administrator, indicated the agency should have provided patient #2 an advance beneficiary notice to notify patient of potential liability.		& On-going) 3.Directorof Nursing will be responsible to check all new admissions for documentationpatient was notified of potential liability for payment. (Immediately & On-going) 4.Agencywill have consultant review random admissions to ensure there is documentationpatient was notified of potential liability for payment. (Immediately & On-going) 5.Directorof Nursing/designee will review all patient charts. Any patient not having acompleted ABN will be given one to sign. (Complete by Feb 12, 2015)	
G000122	484.14 ORGANIZATION, SERVICES & ADMINISTRATION Based on clinical record, personnel record, and agency document review and interview, it was determined the agency	G000122	G0122 See Plan of Correction for G133, G141, G143 and G144.	02/13/2015

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	failed to ensure the administrator was able to provide a listing of current patients, discharged patients, or a schedule of home visits being made, all ongoing functions of the agency (See G 133); failed to ensure personnel policies were implemented (See G 141); failed to ensure coordination of services among agency personnel (See G 143); and failed to ensure coordination of services between the agency and outside agencies providing services (See G 144). The cumulative effect of these systemic problems resulted in the agency's inability to provide safe care and meet the requirements of the Condition of Participation 484.14: Organization, services, and administration.			
G000133	484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse			

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	required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff. Based on review of policy and interview, the administrator was unable to provide a listing of current patients, discharged patients, or a schedule of home visits being made, all ongoing functions of the agency. Findings include: 1. Agency policy "Administrative Control", #106, last reviewed/revised 12-14-14, states the Administrator is responsible for " a. Organize and direct the Agency ' s ongoing functions b. Assure that the documentation of services provided is accurate and timely c. employ qualified, competent personnel d. ensure the accuracy of public information materials and activities." 2. Employee JJ, Administrator, on 12-18-2014 during interviews at 1:30 PM, indicated the agency has systems in place to manage the ongoing functions of the agency and did not provide any further information. The administrator was unable to provide a list of current patients, discharge patients, and a schedule of home visits.	G000133	1. Administrator/Director of Nursing will create an on-going list of patients. There will be a list of current active patients and discharged patients. (Complete by Jan 30, 2015 & On-going) 2. Director of Nursing/designee will ensure patient lists have the following information: name, start of care date, diagnoses and disciplines they are receiving. (Complete by Jan 30, 2015 & on-going) 3. Director of Nursing/designee will ensure patient lists are kept up to date. (Immediately & On-going) 4. Director of Nursing will maintain a copy of nurses and aide visit schedule. (Immediately & On-going) 5. Director of Nursing will instruct nurses/aides on the need to notify DON of any changes to their visit schedule as they occur. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Jan 30, 2015 & On-going) 6. Nurses and aides who fail to notify Director of	01/30/2015

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			Nursing/designee of daily changes to their schedule will be counseled. Director of Nursing will be responsible to monitor compliance. (Immediately & On-going) 7. Director of Nursing/designee will review patient lists for accuracy daily. (Immediately & On-going)	
G000141	484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. Based on policy and personnel file review and interview, the agency failed to ensure a criminal background check was performed as per IC 16-27-2 for 1 of 7 personnel files of direct care providers reviewed (Employee FF) and physical examinations met agency policy requirements for 2 of 7 personnel files of direct care providers reviewed (Employees D and EE). Findings included: Related to criminal history 1. Agency policy "Criminal History	G000141	1. 1. Administrator/designee will update “Criminal History Record Check” policy to indicate agency will submit for a criminal background no later than three (3) days after first patient contact. If criminal history background check is not back within twenty-one (21) days, the employee will be removed from the schedule until the criminal history background is received. Will delete “No employee will be allowed active employment until a satisfactory criminal history has been received.” (Complete by Jan 30, 2015)	01/30/2015

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	Record Check", #223, last reviewed/revised 1-30-14, states, "No employee will be allowed active employment until a satisfactory criminal history ... has been received." 2. Employee FF personnel file contained a criminal history check dated 4-24-14, date of first patient contact was 12-30-13. 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and could not explain the delay in obtaining the employee criminal background check prior to employee being assigned patient care duties. Related to physical examination 1. The personnel file of Employee D contained a physical examination dated 3-21-13, date of first patient contact was 11-11-13, more than 180 after the physical examination. 2. The personnel file of Employee EE contained a physical examination dated 7-14-14, date of first patient contact was 10-16-14, which failed to contain verification the employee was free from signs and symptoms of infectious disease. 3. Agency policy "Employee Health Assessments", #209, last		2. Administrator/designee will review all new employee files to ensure there is a criminal history background present within twenty one (21) days of first patient contact. (Immediately & On-going) 3. Administrator/designee will review physical forms of all new field employees to ensure the phrase “employee is free of infectious and communicable disease.” Director of Nursing/designee will be responsible to monitor for compliance. (Immediately & On-going) 4. Administrator/designee will review physical forms of new field employees to ensure the physical is less than one hundred eighty (180) days old at time of first patient contact. Director of Nursing/designee will be responsible to monitor for compliance (Immediately & On-going) 5. Director of Nursing/designee will audit employee files for compliance. Administrator/designee will update “Criminal History Record Check” policy to indicate agency	

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	reviewed/revised 12-16-14, states "A written health assessment of each employee who has direct patient contact shall: ... Be no more than 180 days old at the time of first patient contact ... Verify the employee is free from health conditions which would interfere with the employee's ability to perform assigned duties ... contain verification the employee is free from signs and symptoms of infectious disease ... " 4. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and indicated the agency should not have accepted these documents as physical examinations per agency policy.		will submit for a criminal background no later than three (3) days after first patient contact. If criminal history background check is not back within twenty-one (21) days, the employee will be removed from the schedule until the criminal history background is received. Will delete "No employee will be allowed active employment until a satisfactory criminal history has been received." (Complete by Jan 30, 2015) 6. Administrator/designee will review all new employee files to ensure there is a criminal history background present within twenty one (21) days of first patient contact. If a background check is not back within twenty-one (21) days, the employee will removed from schedule until the background check is received. (Immediate & On-going)	
G000143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Based on clinical record and policy review and interview, the agency failed to	G000143	1. Director of Nursing/designee will instruct nurses to inquire about any other	01/30/2015

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	ensure all personnel furnishing services coordinated care effectively while services were being provided for 1 of 4 records reviewed (3) of patients receiving more than one of the agency's services. Findings include: 1. Clinical record number 3, SOC (start of care) 12-3-13, contained a plan of care from 5-31 to 7-29-14 with orders for skilled nursing and home health aide services. The clinical record failed to evidence communication and / or coordination of care between the disciplines. 2. Agency policy "Coordination of Care", #311, last reviewed /revised 1-30-14, states, "All service providers involved in the care of a client, including contracted health care professionals or another Agency, will be engaged in effective interchange, reporting, and coordination of care regarding the client. All such coordination of care will be documented in the client record. Each client will be assessed upon admission to identify any other agencies providing services to the client." 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.		agencies providing care/services. (Immediately & On-going) 2. Director of Nursing/designee will instruct nurses on need to document communication they have with aides providing care for their patients. (Complete by Jan30, 2015) 3. Orientation of newly hired nurses will include instruction on documenting communication with aides providing care for their patients. Director of Nursing/designee will be responsible to monitor. (On-going) 4. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure coordination of care is being documented. (Immediately & On-going) 5. Director of Nursing/designee will instruct nurses on need to document communication with outside agencies providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. (Complete by Jan30, 2015 & On-going) 6. Orientation of newly hired nurses will include ~~on~~ need to document communication with outside agencies, including Reliable Personal Services, providing services to patient. This will be done at time of admission,	

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			resumption, recertification, discharge and anytime there is a change. Director of Nursing/designee will be responsible to monitor. (Immediately & On-going) 7. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure coordination of care is being documented. (Immediately & On-going) 8. Nurses found non-complaint with documenting coordination of care will be re-instructed on this requirement. Director of Nursing/designee will monitor compliance and conduct re-instruction as needed. (Immediately and On-going)	
G000144	484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. Based on clinical record review, policy review, and interview, the agency failed to ensure the clinical record evidenced communications by all personnel furnishing services to establish effective interchange, reporting, and coordination of patient care for 5 of 6 records reviewed of active patients receiving services from an outside agency (1, 5, 6, 7,and 10)	G000144	1. Director of Nursing/designee will instruct nurses to inquire about any other agencies providing care/services. (Immediately & On-going) 2. Director of Nursing/designee will instruct nurses on need to document communication they have with aides providing care for their patients. (Complete by Jan30, 2015 & On-going) 3. Orientation of newly hired nurses will include instruction on documenting communication with	01/30/2015

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(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
	Findings include: 1. Clinical record 1, start of care (SOC) 10-22-14, included a plan of care for the certification period of 10-22 to 12-20-14, for skilled nurse (SN) and home health aide(HHA) services, the patient also received personal attendant services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing personal attendant services. 2. Clinical record 5, SOC 8-8-13, included a plan of care for the certification period of 11-4-14 to 1-2-15, for SN and HHA services, the patient also received personal attendant services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing personal attendant services. 3. Clinical record 6, SOC 2-28-14, included a plan of care for the certification period of 12-25-14 to 2-22-15 with orders for HHA services. The patient also received skilled nursing services from another agency. The clinical record failed to evidence any documentation of coordination between		aides providing care for their patients. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & On-going) 4. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure coordination of care is being documented. (Immediately & On-going) 5. Director of Nursing/designee will instruct nurses on need to document communication with outside agencies providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. (Complete by Jan30, 2015 & On-going) 6. Orientation of newly hired nurses will include on need to document communication with outside agencies, including Reliable Personal Services, providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & On-going) 7. Nurses found non-complaint with documenting coordination of care will be re-instructed on this requirement. Director of Nursing/designee will monitor compliance and conduct re-instruction as needed. (Immediately and On-going)	

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	agency and the agency providing skilled nursing services. 4. Clinical record 7, SOC 10-23-14, included a plan of care for the certification period of 12-22-14 to 2-9-15 with orders for HHA services. The patient also received physical therapy services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing physical therapy services. 5. Clinical record 10, SOC 11-8-13, included a plan of care for the certification period of 11-3-14 to 1-1-15 with orders for HHA services. The patient also received personal care attendant services from another agency The clinical record failed to evidence any documentation of coordination between agency and the agency providing personal attendant services. 6. Agency policy "Coordination of Care", #311, last reviewed / revised 1-30-14, states, "All service providers involved in the care of a client, including contracted health care professionals or another Agency, will be engaged in effective interchange, reporting, and coordination of care regarding the client. All such coordination of care will be documented			

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	in the client record. Each client will be assessed upon admission to identify any other agencies providing services to the client." 7. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.			
G000151	484.16 GROUP OF PROFESSIONAL PERSONNEL Based on document review, policy review, and interview, it was determined the agency failed to ensure the professional advisory group meeting included a non-member, non-owner (See See G 153), failed to ensure the documentation of advice and participation of a non-member, non-owner in the agency meeting minutes in evaluating the agency's program and in assisting the agency in maintaining liaison with other heath care providers in the community (See G 154), and failed to ensure the documentation of the meeting minutes evidenced attendance of a non-agency, non-employee member. (See G 155). The cumulative effect of these systemic problems resulted in the agency being out	G000151	1. Administrator will include a non-member, non-owner on the Professional Advisory Group. (Immediately & On-going) 2. Administrator will ensure there is a non-member, non-owner present at the Professional Advisory Group meetings. (Immediately & On-going) 3. Administrator will make all attempts to ensure that all members of the PAC committee have the opportunity and ability to attend all meetings. (Immediately and On-going)	01/23/2015

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	of compliance with the Condition of Participation 484.16: Group of Professional Personnel.			
G000153	484.16 GROUP OF PROFESSIONAL PERSONNEL The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency. Based on policy review, agency professional advisory committee (PAC) meeting minutes review, and interview, the agency failed to ensure the group of professionals included a non-owner, non-employee member of the committee for 1 of 1 professional advisory	G000153	1. Administrator will have a non-owner, non-employee member on the Professional Advisory Group. (Immediately & On-going) 2. If a member is unable to attend the Professional Advisory Group meeting, Administrator will	01/23/2015

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	committee. Findings include: 1. Agency policy, "Professional Advisory Committee",#107, last reviewed/revised 12-14-14, states, "The PAC shall have among its members a representative from each professional discipline the Agency provides, and one member that is neither an Agency employee nor owner, and acts as a consumer representative ... PAC will keep minutes of meetings, signatures of members present and comments." 2. Agency minutes from 3-10-14 "Professional Advisory Committee Meeting Minutes for 2013" failed to evidence the attendance, advice, and participation of a non-owner, non-employee member to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, indicated the agency had appointed a non-owner, non-employee member of the committee		offer them to participate via phone call. (Immediately & On-going) 3. If member participates via phone, there will be documentation of that phone call. Administrator will be responsible to ensure there is documentation (Immediately & On-going) 4. If member participates via phone call, they will be sent a copy of the meeting minutes, asked to sign them and return to the agency. (Immediately & On-going) 5. Administrator/designee will be responsible to ensure there is a representative for each professional discipline provided by agency and a non-owner, non-employee member on the Professional Advisory Group. (Immediately & On-going) 6. Administrator/designee will be responsible to ensure all members of the Professional Advisory Group present at meeting sign the attendance sheet. (Immediately & On-going) 7. Administrator will make all attempts to ensure that all members of the PAC Committee have the opportunity and ability to attend in person. (Immediately & Ongoing)	

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	who participated in the committee meeting by telephone conference but was unable to evidence any input from the appointed member in the committee meeting minutes, evidence a signature by the appointed member approving the minutes, or any indication of the telephone participation of the appointed member in the agency meeting minutes.			
G000154	484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. Based on policy review, agency professional advisory committee meeting minutes review, and interview, the agency failed to ensure the documentation of advice and participation of a non-member, non-owner in the agency meeting minutes in evaluating the agency's program and in assisting the agency in maintaining liaison with other heath care providers in the community for 1 of 1 professional advisory committee.	G000154	1. Administrator will have a non-owner, non-employee member on the Professional Advisory Group. (Immediately & On-going) 2. If a member is unable to attend the Professional Advisory Group meeting, Administrator will offer them to participate via phone call. (Immediately & On-going) 3. If member participates via phone, there will be documentation of that phone call. Administrator will be responsible to ensure there is documentation (Immediately & On-going) 4. If member	01/23/2015

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	Findings include: 1. Agency policy, "Professional Advisory Committee",#107, last reviewed/revised 12-14-14, states, "The PAC shall have among its members a representative from each professional discipline the Agency provides, and one member that is neither an Agency employee nor owner, and acts as a consumer representative ... PAC will keep minutes of meetings, signatures of members present and comments." 2. Agency minutes from 3-10-14 "Professional Advisory Committee Meeting Minutes for 2013" failed to evidence the attendance, advice, and participation of a non-owner, non-employee member to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, indicated the agency had appointed a non-owner, non-employee member of the committee who participated in the committee meeting by telephone conference but was		participates via phone call, they will be sent a copy of the meeting minutes, asked to sign them and return to the agency. (Immediately & On-going) 5. Administrator/designee will be responsible to ensure there is a representative for each professional discipline provided by agency and a non-owner, non-employee member on the Professional Advisory Group. (Immediately & On-going) 6. Administrator/designee will be responsible to ensure all members of the Professional Advisory Group present at meeting sign the attendance sheet. (Immediately & On-going) 7. Administrator will make all attempts to ensure that all members of the PAC Committee have the opportunity and ability to attend in person. (Immediately & On going)	

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	unable to evidence any input from the appointed member in the committee meeting minutes, evidence a signature by the appointed member approving the minutes, or any indication of the telephone participation of the appointed member in the agency meeting minutes.			
G000155	484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel's meetings are documented by dated minutes. Based on policy review, agency professional advisory committee meeting minutes review, and interview, the agency failed to ensure the documentation of the meeting minutes evidenced attendance of a non-agency, non-employee member for 1 of 1 professional advisory committee.	G000155	1. Administrator will have a non-owner, non-employee member on the Professional Advisory Group. (Immediately & On-going) 2. If a member is unable to attend the Professional Advisory Group meeting, Administrator will offer them to participate via phone call. (Immediately & On-going)	01/23/2015

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	Findings include: 1. Agency policy, "Professional Advisory Committee",#107, last reviewed/revised 12-14-14, states, "The PAC shall have among its members a representative from each professional discipline the Agency provides, and one member that is neither an Agency employee nor owner, and acts as a consumer representative ... PAC will keep minutes of meetings, signatures of members present and comments." 2. Agency minutes from 3-10-14 "Professional Advisory Committee Meeting Minutes for 2013" failed to evidence the attendance, advice, and participation of a non-owner, non-employee member to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program. 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, indicated the agency had appointed a non-owner, non-employee member of the committee who participated in the committee meeting by telephone conference but was		3. If member participates via phone, there will be documentation of that phone call. Administrator will be responsible to ensure there is documentation (Immediately & On-going) 4. If member participates via phone call, they will be sent a copy of the meeting minutes, asked to sign them and return to the agency. (Immediately & On-going) 5. Administrator/designee will be responsible to ensure there is a representative for each professional discipline provided by agency and a non-owner, non-employee member on the Professional Advisory Group. (Immediately & On-going) 6. Administrator/designee will be responsible to ensure all members of the Professional Advisory Group present at meeting sign the attendance sheet. (Immediately & On-going) 7. Administrator will make all attempts to ensure that all members of the PAC Committee have the opportunity and ability to attend in person	

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	unable to evidence any input from the appointed member in the committee meeting minutes, evidence a signature by the appointed member approving the minutes, or any indication of the telephone participation of the appointed member in the agency meeting minutes.			
G000158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on policy review, clinical record review, and interview, the agency failed to ensure home health aide visits were made in accordance with the plan of care (POC) in 8 of 10 clinical records reviewed of patients receiving home health aide services (1, 2, 3, 5, 6, 7, 9, and 10). Findings include:	G000158	1. 1. Director of Nursing/designee will instruct aides on importance of following their schedules as it is based on physician orders. (Complete by Feb 6, 2015) 2. Director of Nursing/designee will include the importance of following their schedules as it is based on physician orders during orientation of newly hired aides. (Immediately & on-going)	02/06/2015

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	1. Agency policy "Nurse Supervision", #608, last reviewed/revised 11-15-13, states, "The supervising nurse will routinely review the POC all subsequent orders and review notes to ensure the POC is directly being followed and all orders have been signed by the physician ... " 2. Clinical record 1, start of care (SOC) 2-24-14, contained a physician's plan of care for certification period 10-22 to 12-20-14 which states, "HHA [home health aide] 3h d/ [hour per day] X 3 d/w [times 3 days per week] X 9 wks [times 9 weeks]." The record failed to evidence the HHA followed the POC; visits were made 4.5 hours, twice a week during the certification period. The clinical record failed to evidence a physician's order to resume services following a physician order dated 9-27-14 to hold all services. The agency resumed home health aide services on 11-10-14. The record failed to evidence the plan of care in the clinical record or evidence the plan of care had been sent to the physician for authorization for the certification period 6-24 to 8-22-14. 3. Clinical record 2 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 which states, "HHA up to 4h/d X 7d/w X		3. Director of Nursing/designee will instruct scheduler/designee on need to complete Missed Visit Report when aide visits are cancelled and ordered frequency is not met for the week. (Complete by Feb 6, 2015) 4. Director of Nursing will be notified of all missed aide visits each day. (Immediately & on-going) 5. Scheduler/designee will give any missed visit reports to the Director of Nursing/designee each day to review. (Complete by Jan 30, 2015 & on-going) 6. Director of Nursing will work with scheduler/designee to try to reschedule missed visits, if possible, during the same week. (Immediately & on-going) 7. Director of Nursing/designee will fax Missed Visit Reports to physician and place completed form with fax confirmation in patient chart. (Complete by Jan 30, 2015 & on-going) 8. Director of Nursing/designee will review ten (10) percent of all aide documentation weekly to ensure frequency is being met. (Immediately & on-going)	

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	9 wks." The record failed to evidence HHA visits on 6-25, 6-28, and 6-19-2014 and failed to evidence the physician was notified of the missed visits. Patient was discharged 6-30-14. 4. Clinical record 3 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 which states, "HHA 6h/d X 7d/w X 9 wks." The record failed to evidence HHA visits on 6-13, 6-17, 6-24, 6-25, and 6-26-2014 and failed to evidence the physician was notified of the missed visits. HHA visits were not as per plan of care on 6-18 (4.5 hours), 6-19 (1.5 hours), 6-20 (6 hours), 6-22 (3.5 hours), 6-23 (3 hours), 6-27 (6 hours) , 6-28 (6 hours), and 6-29 (6 hours). Patient was discharged 6-30-14. 5. Clinical record 5, SOC 6-13-14, contained a physician's plan of care for certification period 11-4-14 to 1-2-15 which states, "HHA 1-3 h/d, 4-6 d/w X 9 wks." The record failed to evidence HHA visits on 11-4, 11-5, 11-6, 11-7, 11-27, 12-3, 12-4, and 12-10-14 and failed to evidence the physician was notified of the missed visits. 6. Clinical record 6, SOC 2-28-14, contained a physician's plan of care for certification period 12-25-14 to 2-22-15		9. Director of Nursing/designee will be responsible to re-instruct aides who are not following the ordered visit frequency. (Immediately & On-going) 10. Director of Nursing/designee will instruct nurses on need to obtain an order to resume services when service has been placed on hold. (Immediately & on-going) 11. Director of Nursing/designee audit all charts requiring a resume order to monitor compliance. (Immediately & On-going) 12. Director of Nursing/designee will include the need to obtain an order to resume services that have been put on hold in orientation of newly hired nurses. (Immediately & on-going) 13. Director of Nursing/designee will review ten (10) percent of all nursing documentation weekly to ensure visit frequency is being followed. (Immediately & On-going) 14. Director of Nursing/designee will reinstruct nurses who do not follow the ordered frequency for their patients. (Immediately & On-going) 15. Director of Nursing/designee will instruct nurses to contact	

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	which states, "HHA 6-10 h/d up to 5 d/w." The record failed to evidence HHA visits the week of 12-21 to 12-27 and failed to evidence the physician was notified of the missed visits. 7. Clinical record 7, SOC 10-23-14, contained a physician's plan of care for certification period 12-22-14 to 2-9-15 which states, "HHA 2-4 h/d, 1-2 visits/day, 5-7 d/w." The record failed to evidence HHA visits the week of 12-21 to 12-27 and failed to evidence the physician was notified of the missed visits. 8. Clinical record 9, SOC 1-21-14, contained a physician's plan of care for certification period 3-22-14 to 5-20-14 which states, "HHA up to 3h/d X 2d/w X 9 w." The record failed to evidence HHA visits the weeks of 3-22 to 3-28 and 3-31 to 4-4-14 and failed to evidence the physician was notified of the missed visits. Patient was discharged 7-16-14. 9. Clinical record 10, SOC 11-8-13, contained a physician's plan of care for certification period 11-3-14 to 1-1-15 which states, "HHA 3 h/d X 7d/w X 9 w." The record failed to evidence HHA visits 11-15 and 12-14-14 and failed to evidence the physician was notified of the missed visits.		Director of Nursing/designee if a scheduled visit is not made. Director of Nursing/designee will be responsible to ensure visit is rescheduled or a missed visit report is completed. (Immediately & On-going)	

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	10. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.			
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 observation, clinical record review, and interview, the agency failed to ensure all durable medical equipment (DME) used by patients was included on the plan of care (POC) for 1 of 5 home visit observations (7). Findings include: 1. Clinical record 7, start of care (SOC) 10-23-14, contained a POC dated 12-22-14 to 2-9-15. During observation on 1-9-15 at 9:00 AM, DME present in the patient's home included a cane and a glucometer. The POC failed to include these DME.	G000159	1. Director of Nursing/designee will instruct nurses to document any durable medical equipment patient has and/or is using. (Complete by Feb 6, 2015) 2. Director of Nursing/designee will include in orientation of newly hired nurses the need to document any durable medical equipment patient has and/or is using. (Immediately & on-going) 3. Director of Nursing/designee will review ten (10) percent of 485's to ensure any durable medical equipment listed in patient chart is on the 485. (Immediately & on-going) 4. Director of Nursing/designee will be	02/06/2015

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	2. On 1-9-15 at 10:45 AM, Employee A, Nursing Supervisor, indicated not being aware the patient had a cane, but the glucometer was known as the patient is insulin dependent diabetic. Both should have been on the POC.		responsible to monitor compliance. (Immediately & on-going)	
G000172	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs. Based on clinical record review, policy review, and interview, the registered nurse (RN) failed to reevaluate the needs of the patient to include performing a recertification comprehensive assessment (CA) within the last 5 days of the 60 day certification period for 1 of 10 clinical records reviewed (1); failed to ensure a resumption of care assessment was performed within 48 hours of patient discharge from in-patient hospitalization for 1 of 1 patients with a hospital admission during the certification period (1); failed to ensure the comprehensive assessment had been updated at the time of discharge in 1 of 4 discharged records reviewed (3), and failed to ensure the	G000172	1. Director of Nursing will instruct nurses on the proper timeframe for doing recertification, a resumption and a discharge comprehensive assessment. (Complete by Jan 30, 2015) 2. Director of Nursing/designee will include as part of orientation for newly hired nurses the proper timeframe for doing recertification, a resumption and a discharge comprehensive assessment. (Immediately & on-going) 3. Staff nurses will be instructed to indicate on their weekly schedules which visits are recertification or discharge visits. Director of Nursing will randomly check those visits to ensure time frame for that assessment is correct. (Immediately & on-going) 4. Director of Nursing/designee will instruct	01/30/2015

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	assessment was accurate and complete in 1 of 2 records reviewed of patients with a dialysis graft (#1). Findings include: 1. Clinical record 1, start of care 2-24-14, included a plan of care for the certification period 10-22 to 12-20-14. The comprehensive assessment for this certification period was due between 10-17 and 10-21-14. The CA was dated 10-22-14. The patient was discharged from in-patient care on 10-30-14 and the clinical record failed to evidence a resumption of care comprehensive assessment. A. The comprehensive assessment of 10-22-14 failed to assess the location and condition of patient's dialysis graft. The nursing visit note of 12-2-14 failed to assess the location and condition of patient's dialysis graft. B. Agency policy "Comprehensive Assessment of Patients", #607, last reviewed / revised 11-14-12, states, "The data collected must accurately reflect the patient's status at the time of the assessment." C. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified		nurses on need to complete a comprehensive assessment when doing a recertification, resumption and discharge. This includes documenting dialysis grafts, ostomies, etc. (Complete by Jan 30, 2015) 5. Director of Nursing/designee will include in orientation of newly hired nurses need to complete a comprehensive assessment when doing a recertification, resumption and discharge. This includes documenting dialysis grafts, ostomies, etc. (Immediately & on-going) 6. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & On-going) 7. Director of Nursing/designee will review ten (10) percent of re-certifications, resumptions and discharges to ensure they are compliant with the required time frames and have a comprehensive assessment. (Immediately & On-going)	

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	the above findings and indicated the agency has the same expectation of nursing visit notes as for comprehensive assessments. The location and condition of patient's dialysis graft should have been assessed and documented. 2. Clinical record number 3, start of care 12-2-13, was discharged at patient's request on 6-30-14. The record failed to evidence the comprehensive assessment had been updated at the time of discharge. 3. Agency policy "Comprehensive Assessment and OASIS Data Collection", #621, last reviewed/revised 11-15-13, states, "The clinician completes the CA and subsequent reassessments during specific time points during the course. These are: the start of care, the last 5 days of every 60 day period beginning with the start of care date, whenever there is a major decline or improvement in the patient's health status, within 48 hours of (or knowledge of) transfer to an inpatient facility, within 48 hours of (or knowledge of) the patient's return home from an inpatient stay, within 48 hours of (or knowledge of) discharge from the agency, or death (for completion of OASIS document). data collected must accurately reflect the patient's status at the time of the assessment."			

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	4. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and indicated the registered nurse in finding 1 had been terminated from employment for failure to meet agency expectations regarding RN duties.			
G000202	484.36 HOME HEALTH AIDE SERVICES Based on clinical record review, review of policies, and interview, it was determined the agency failed to ensure competencies for home health aides (HHA) were completed prior to delivering care for 4 of 23 HHA personnel files reviewed for competency (See G 211), failed to ensure HHA's received 12 hours of continuing education, or prorated equivalent for 12 of 23 HHA personnel files reviewed (See G 215), failed to ensure the aide care plan was reviewed and updated by a registered nurse every 60 days with each plan of care in 1 of 6 active records reviewed of patients receiving home health aide services (See G 224), failed to ensure the HHA performed only duties within their scope of practice for 1 of 6 (See G 225),	G000202	Please see G211, G215, G224, G225, G229 and G230	02/13/2015

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	failed to ensure the registered nurse had made a supervisory visit to the patient's home at least every two (2) weeks in 5 of 9 records reviewed of patients that received home health aide and skilled services (See G 229), and failed to ensure supervisory visits were performed each 30 days by the registered nurse for patients receiving HHA services only for 1 of 2 records reviewed of active cases of patients receiving HHA only services with the potential to affect all the agency's patients who receive home health aide services (See G 230). The cumulative effect of these systemic problems resulted in the agency's inability to ensure safe home health aide care was provided as required by the Condition of Participation 484.36 Home health aide services.			
G000211	484.36(b)(1)			

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	COMPETENCY EVALUATION & IN-SERVICE TRAI An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph. Based on policy review, personnel file review, and interview, the agency failed to ensure competencies for home health aides (HHA) were completed prior to delivering care for 4 of 23 HHA personnel files reviewed for competency (DD, EE, FF, GG). Findings include: 1. Agency policy "Home Health Aide Competency Evaluation", #618, last reviewed / revised 11-15-13, states, "The home health aide must complete a competency evaluation which is conducted by or under the general supervision of a qualified registered nurse ... " 2. Personnel file for HHA Employee DD contained a Certified Home Health Aide checklist dated 12-20-13, first patient contact 12-20-13, which failed to evidence the establishment of competency for Nail Care and Fluid Balance. 3. Personnel file for HHA Employee EE contained a Certified Home Health Aide	G000211	1. Director of Nursing/designee will review skills competencies of current aides. Any aide who was identified as not have a completed skills competency completed will have one completed by an RN who meets the 2:1 requirement. They will not provide skills they have not been competencied on until such competency is complete. (Completed by Feb 6, 2015) 2. Director of Nursing/designee will audit 100% of HHA competencies of current aides. Any aide who has not been competencied on all skills will have a competency scheduled to complete any skills not verified. Director of Nursing/designee will verify none of those aides are performing skills that have not been verified. (Completed by Feb 6, 2015) 3. Due to 2 year preclusion this agency will not be implementing a competency program for new hires for the two year period. (Immediately and ongoing) 4. Administrator will contract with a Registered Nurse, who meets the 2:1 requirement, to implement a competency program which meets state	02/06/2015

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	checklist dated 10-16-14, first patient contact 10-16-14, which failed to evidence the establishment of competency for Mobility, Bodily Functions, and Vital Signs. 5. Personnel file for HHA Employee FF contained a Certified Home Health Aide checklist dated 12-30-13, first patient contact 12-30-13, which failed to evidence the establishment of competency for Bed Bath. 6. Personnel file for HHA Employee GG contained a Certified Home Health Aide checklist dated 11-7-14, first patient contact 11-7-14, which failed to evidence the establishment of competency for Bed Bath, Nail Care, and Vital Signs. 7. On 1-13-15 at 12:30 PM, Employee B, Alternate Nurse Supervisor, verified the above findings.		regulation. (Immediately & On-going) 5. If an aide applies who is already on the home health aide registry, Director of Nursing/designee will contact the entity that performed the competency program. Will request agency to fax completed aide test answer sheet and skills competency checklist. Contracted RN will review documentation. Contracted RN will conduct a verbal review with aide to validate their ability. If the contracted RN has concerns of the new hire's ability they will be required to enroll in this agency's contracted competency program. (Immediately & On-going) 6. Director of Nursing will schedule a supervisory visit on all newly competencied aides at their first installment in a patient's home to verify competency. (Immediately & On-going) 7. Contracted RN implementing competency program will verify competency on all required skills according to state policy (Immediately & On-going) 8. Director of Nursing/designee will review all results of contracted competency before an aide is installed in a home. Approved competency will become part of the aide employment file at that time. (Immediately & On-going) 9. Agency will evaluate need for continuing education and	

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			competency via appropriate supervisory visits and new hire will be reevaluated by agency 2:1 RN in 90 days. Inservices and additional competency will be provide as needed. (Immediately & On-going) 10. Agency intends to resume a competency program at the end of 2 year preclusion. (January 13, 2017) 11. At the time, agency will replace contracted RN with agency 2:1 RN to implement the same process described in steps 5-9. (January 13, 2017)	
G000215	484.36(b)(2)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAI The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient. Based on policy review, personnel file review, and interview, the agency failed to ensure home health aides (HHA) received 12 hours of continuing education, or prorated equivalent, for 12 of 23 HHA personnel files reviewed (F, G, K, M, O, R, U, V, Z, AA, BB, and CC). Findings include: 1. Agency policy "In Service Education"	G000215	1. Director of Nursing/designee will review all current aide files to ensure required in-services for 2014 were completed. (Complete by Jan 30, 2015) 2. Any aide who has not completed the required number of in-services for 2014 will be required to complete the needed in-services by January 30, 2015. Director of Nursing/designee will monitor this. (Complete by Jan 30, 2015) 3. Any aide who has not completed required in-services for 2014 by January 30, 2015 will be removed from patient care until required in-services are	01/30/2015

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	#601, last reviewed / revised 11-14-13, states, "4. Home Health Aides must attend twelve (12) hours of in-service program annually, but are encouraged to attend as many as possible." 2. Personnel files for HHAs Employees F, G, K, M, O, R, U, V, Z, AA, BB, and CC failed to evidence 12 hours of continuing education, or prorated equivalent for 2014. 3. On 1-13-15 at 12:30 PM, Employee B, Alternate Nurse Supervisor, verified the above findings.		complete. Director of Nursing/designee will monitor this. (Complete by Jan 30, 2015) 4. Director of Nursing/designee will review in orientation of newly hired aides completing required number of in-services yearly by December 31. If required in-services are not completed by December 31, aide will be removed from patient care until those in-services are completed. (Immediately & on-going) 5. Director of Nursing/designee will be responsible to provide a monthly in-service for aides from the required list of on-services in the State Regulations. (Immediately & On-going) 6. Aides will receive a monthly notice reminding them of required in-service. Director of Nursing/designee will be responsible to provide this notice. (Immediately & On-going) 7. Director of Nursing/designee will be responsible to review each aide's in-service record in July. Any aide who has not completed a monthly in-service up to July, prorated for those hired after January, will receive a letter notifying them of the in-services they need to complete to be current. (Immediately & On-going) 8. Director of Nursing/designee will review each aide's in-service record the last week in November. Any aide who has not completed eleven (11) in-services, or prorated number if hired after January, will be	

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			notified by letter of need to complete in-services before December 31st. (Immediately & On-going) 9. Director of Nursing/designee will notify all aides, no later than second (2nd) week of December, of need to complete the required number of in-services by December 31st. (Immediately & On-going) 10. Director of Nursing/designee will monitor compliance. Any aide who does not complete the required number of in-services by December 31st will be removed from the schedule until all in-services are completed. (Immediately & On-going)	
G000224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. Based on clinical record review and interview, the agency failed to ensure the written patient care instructions prepared by the registered nurse (RN) for the home health aide (HHA) were reviewed / revised at least every 60 days for 1 of 6 active clinical records reviewed of patients receiving HHA services (10). Findings include:	G000224	1. Director of Nursing/designee will instruct nurses on updating aide plan of care at recertification, resumption or any time there is a change in care. Aide plan of care should be reviewed at least every sixty (60) days. Nurses will be instructed to sign and date plan of care anytime reviewed or changes made to plan. (Complete by Jan 30, 2015) 2. Director of	01/30/2015

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	1. Clinical record number 10, start of care 11-8-13, contained a plan of care from 11-3 to 1-1-15 with orders for skilled nursing and home health aide services. The clinical record failed to evidence the written care instructions for the HHA were updated within 60 days of 10-29-14. 2. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and indicated the written instructions should have been reviewed, revised, and authenticated by the RN at the time of the recertification comprehensive assessment on 12-31-14, but this did not occur.		Nursing/designee will include in orientation of newly hired nurses updating aide plan of care at recertification, resumption or any time there is a change in care. Aide plan of care should be reviewed at least every sixty (60) days. Nurses will be instructed to sign and date plan of care anytime reviewed or changes made to plan. (Immediately & on-going) 3. Director of Nursing/designee will audit ten (10) percent of aide plans of care monthly to ensure they are updated properly. (Immediately & on-going) 4. Director of Nursing/designee will be responsible to monitor compliance in regards to updating the aide plan of care at recertification, resumption or any time there is a change. (Immediately & On-going) 5. Any nurse who is not compliant with updating aide plan of care as required will be re-instructed by Director of Nursing/designee. (Immediately & On-going)	
G000225	484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law. Based on clinical record review, review	G000225	1. Director of	02/06/2015

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	of policy, and interview, the agency failed to ensure Employee LL, home health aide (HHA), performed only duties within their scope of practice for 1 of 9 clinical records reviewed of patients receiving home health aide (HHA) services (2). Findings include: 1. Clinical record 2, start of care 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 which contained orders for HHA duties. On 6-29-14, Employee LL's, HHA, visit note stated, "Filled oxygen tank per client's request." Filling the oxygen tank was not in the scope of practice of the HHA. Patient was discharged 6-30-14. 2. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and indicated HHAs are not permitted in the HHA scope of practice to work with oxygen tanks, and Employee LL should not have filled the oxygen tank.		Nursing/designee will instruct aides on what tasks they are permitted to perform. (Immediately & on-going) 2. Director of Nursing/designee will review as part of orientation for newly hired aides the tasks they are permitted to perform. (Immediately & on-going) 3. Director of Nursing/designee will review ten (10) percent of aide documentation a month to ensure aides are not performing tasks they shouldn't be. (Immediately & on-going) 4. Director of Nursing/designee will instruct nurses on the tasks aides are permitted to perform. (Complete by Feb 6, 2015) 5. Director of Nursing/designee will include in orientation of newly hired nurses the tasks aides are permitted to perform. (Immediately & on-going) 6. Skilled Nurses have been instructed by Director of Nursing/designee, to review all HHA notes for compliance in comparison to the care plan each week for now as part of their supervision of the case to ensure the aide is following the plan of care. At the same time they are looking at the frequencies too. (Immediately & on-going) 7. Director of Nursing/designee will be responsible to monitor	

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			compliance. (Immediately & On-going)	
G000229	484.36(d)(2) SUPERVISION The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks. Based on clinical record review, review of policy, and interview, the agency failed to ensure supervisory visits were performed each 14 days for patients with skilled services by registered nurse (RN) and receiving home aide aide (HHA) services for 5 of 6 patients who received skilled nursing and HHA services (1, 2, 3, 5, and 9). Findings include: 1. Clinical record 1, start of care (SOC) 2-24-14, contained a physician's plan of care for certification period 10-22 to 12-20-14 with orders for skilled nursing service for generalized assessment each 30 days, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 2. Clinical record 2 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14, with	G000229	1. Director of Nursing/designee will instruct nurses on the appropriate time frames for aide supervision visits (at least every fourteen (14) days for skilled cases and at least every thirty (30) days for aide only cases). (Complete by Jan 30, 2015) 2. Director of Nursing/designee will instruct nurses that patients receiving skilled nursing services along with aide services must be supervised at least every fourteen (14) days. (Complete by Jan 30, 2015) 3. Director of Nursing/designee will include in orientation of newly hired nurses the appropriate time frames for aide supervision visits (at least every fourteen (14) days for skilled cases and at least every thirty (30) days for aide only cases) (Immediately & ongoing) 4. Director of Nursing/designee will include in orientation of newly hired nurses that patients receiving skilled nursing services along with aide services must be supervised at least every fourteen (14) days. (Immediately & ongoing) 5. Director of	01/30/2015

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	orders for skilled nursing service once each month for intramuscularly injection of medication, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 3. Clinical record 3 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 with orders for skilled nursing service for generalized assessment each 30 days with vital signs, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 4. Clinical record 5, SOC 6-13-14, contained a physician's plan of care for certification period 11-4-14 to 1-2-15 with orders for skilled nursing service each 2 weeks for medication supervision, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 5. Clinical record 9, SOC 1-21-14, contained a physician's plan of care for certification period 3-22-14 to 5-20-14 with orders for skilled nursing service visits once each week, and HHA services. The record failed to evidence the RN performed supervisory visits of		Nursing/designee will audit ten (10) percent of all nursing documentation weekly to ensure aide supervision visits are being done as required. (Immediately & ongoing) 6. Director of Nursing/designee will be responsible to monitor for compliance of aide supervision requirement. (Immediately & On-going)	

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	the HHA at least each 14 days. 6. Agency policy "Nurse Supervision", #608, last reviewed / revised 11-15-13, states "6. Home Health Aides will be supervised on at least every 14 days for a skilled case by an RN, or every 30 days for Home Health Aide only case." 7. On 1-13-15 at 1:30 PM, Employee A, Nursing Supervisor, verified the above findings and indicated the agency had not classified patients 1 and 10 as skilled cases. Employee A had not classified these cases as skilled although the RN was performing more than certification, recertification, and supervisory visits which warranted classification as a skilled case.			
G000230	484.36(d)(3) SUPERVISION If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 60 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care. Based on clinical record review, review	G000230	1. Director of	01/30/2015

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	of policy, and interview, the agency failed to ensure supervisory visits were performed each 30 days by the registered nurse (RN) for patients receiving home aide aide (HHA) services only for 1 of 2 records reviewed of active cases of patients receiving HHA only services (6). Findings include: 1. Clinical record 6, start of care 5-29-14, included a plan of care for the certification period of 5-29 to 7-17-14, with orders for HHA services only. The record failed to evidence the RN performed supervisory visits of the HHA at least each 30 days during the certification period reviewed. 2. Agency policy "Nurse Supervision", #608, last reviewed / revised 11-15-13, states, "6. Home Health Aides will be supervised on at least every 14 days for a skilled case by an RN, or every 30 days for Home Health Aide only case." 3. On 1-13-15 at 1:30 PM, Employee A, Nursing Supervisor, verified the above finding.		Nursing/designee will instruct nurses on the appropriate time frames for aide supervision visits (at least every fourteen (14) days for skilled cases and at least every thirty (30) days for aide only cases). (Complete by Jan 30, 2015) 2. Director of Nursing/designee will instruct nurses that patients receiving skilled nursing services along with aide services must be supervised at least every fourteen (14) days. (Complete by Jan 30, 2015) 3. Director of Nursing/designee will include in orientation of newly hired nurses the appropriate time frames for aide supervision visits (at least every fourteen (14) days for skilled cases and at least every thirty (30) days for aide only cases) (Immediately & ongoing) 4. Director of Nursing/designee will include in orientation of newly hired nurses that patients receiving skilled nursing services along with aide services must be supervised at least every fourteen (14) days. (Immediately & ongoing) 5. Director of Nursing/designee will audit ten (10) percent of all nursing documentation weekly to ensure aide supervision visits are being done as required. (Immediately & ongoing) 6. Director of Nursing/designee will be	

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			responsible to monitor for compliance with aide supervision requirements. (Immediately & On-going)	
G000235	484.48 CLINICAL RECORDS Based on clinical record review, review of policy, and interview, it was determined the agency failed to ensure clinical records included all client visit notes for 4 of 10 records reviewed; failed to ensure referral forms were completed to include date of referral for 4 of 10 records reviewed; failed to ensure all plans of care were in the clinical record for 1 of 10 records reviewed; and failed to ensure only original visit notes were placed in the client record for 1 of 10 clinical records reviewed. (See G 236). The cumulative effect of these systemic problems resulted in the agency being found out of compliance with the Condition of Participation 484.48: Clinical Records.	G000235	See G236	02/28/2015

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G000236	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. Based on clinical record review, review of policy, and interview, the agency failed to ensure clinical records included all client visit notes for 4 of 10 records reviewed (5, 6, 7, and 10); failed to ensure referral forms were completed to include date of referral for 4 of 10 records reviewed (2, 3, 4 and 10); failed to ensure all plans of care were in the clinical record for 1 of 10 records reviewed (1); and failed to ensure only original visit notes were placed in the	G000236	1. Director of Nursing/designee will instruct agency staff to place a copy of Plan of Care (485) in chart immediately when created. POC will be faxed to physician and when returned with signature will be placed in chart. Copy of verbal order will be placed in chart when received to cover services provided until signed POC is returned. (Complete by Feb 6, 2015) 2. Director of	02/28/2015

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	client record for 1 of 10 (9) clinical records reviewed. Findings include: 1. Clinical record 1, start of care (SOC) 10-22-14, included a plan of care for the certification period of 10-22 to 12-20-14, with orders for skilled nursing (SN) and home health aide (HHA) services. The record failed to evidence the plan of care in the clinical record or evidence the plan of care had been sent to the physician for authorization for the certification period 6-24 to 8-22-14. 2. Clinical record 2, start of care (SOC) 12-2-13, included a physician's plan of care for certification period 12-2-13 to 1-30-14 with orders for SN and HHA services. The date of the referral was blank on the referral form. 3. Clinical record number 3, SOC 12-3-13, contained a plan of care from 5-31 to 7-29-14 with orders for SN and HHA services. The date of the referral was blank on the referral form. 4. Clinical record 4, SOC 10-3-14, contained a plan of care from 12-2-14 to 1-30-15 with orders for SN and HHA services. The date of the referral was blank on the referral form.		Nursing/designee will audit ten (10) percent of charts monthly to ensure there is a copy of the Plan of Care (485) and verbal order whether signed or unsigned. (Immediately & on-going) 3. Director of Nursing/designee will in-service staff, who take referrals, on need to complete referral form and date it. (Immediately & On-going) 4. Director of Nursing/designee will be responsible to review referral forms to ensure they are dated. (Immediately & on-going) 5. Director of Nursing/designee will implement a tracking form to ensure aide visits are made as ordered or a missed visit report is created. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Feb 6, 2015 & On-going) 6. Director of Nursing/designee will track all aide visits for one (1) month to monitor for compliance. (Complete by Feb 6, 2015) 7. Beginning February 7, 2015 Director of Nursing/designee will randomly audit ten (10) percent of aide visit notes monthly to monitor compliance of correct number of aide visits being done weekly. (Starting March 1, 2015	

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	5. Clinical record 5, SOC 8-8-13, included a plan of care for the certification period of 11-4-14 to 1-2-15 with orders for services for skilled nursing and HHA services. The clinical record failed to evidence home health aide visit notes from 11-2 to 11-7-14. 6. Clinical record 6, SOC 2-28-14, included a plan of care for the certification period of 12-25-14 to 2-22-15 with orders for HHA services. The clinical record failed to evidence home health aide visit notes from 12-21 to 12-27-14. 7. Clinical record 7, SOC 10-23-14, included a plan of care for the certification period of 12-22-14 to 2-9-15 with orders for HHA services. The clinical record failed to evidence home health aide visit notes from 12-21 to 12-27-14. 8. Clinical record 9, SOC 1-21-14, included a plan of care for the certification period of 3-22-14 to 5-20-14 with orders for SN and HHA services. The clinical record failed to evidence home health aide visit notes from 3-18 to 3-28-14. HHA visit notes from weeks ending 3-30, 4-6, 4-13, 5-11, and 5-18-14 were photocopies. The dates and times		& on-going) 8. Director of Nursing/designee will instruct clinical staff that original documentation is to be submitted, not photocopies. If a photocopy is submitted, Director of Nursing/designee will speak with employee and request the original documentation. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 9. Director of Nursing/designee will include in orientation of newly hired staff that original documentation is to be submitted, not photocopies. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 10. RN case managers will be inserviced regarding necessity of only original documentation being placed in patient charts. RN case managers will review all documentation to ensure originals, not photocopies, are submitted. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 11. Director of Nursing/designee will instruct staff on the requirement to have clinical	

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	on these photocopies were illegible. 9. Clinical record 10, SOC SOC 11-8-13, included a plan of care for the certification period of 11-3-14 to 1-1-15 with orders for SN and HHA services. The date of the referral was blank on the referral form and the clinical record failed to evidence HHA visit notes after 12-13-14 (21 days prior to record review). 10. Agency policy "Client Records", #404, last reviewed/revised 12-31-13 states, "Purpose: To establish and maintain a client record system to assure that the care and services provided to each client are completely and accurately documented, readily accessible and systematically organized to facilitate the compliance and retrieval of information ... The agency will establish a record for each client and maintain each record with the required information according to regulation ... " 11. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and was unable to produce original HHA visit notes for the times indicated for clinical record 9, indicated the clinical records were missing visit notes, visit notes were not consistently filed within 14 days as per agency policy,		documentation filed in patient's charts within fourteen (14) days. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Feb 6, 2015) 12. Director of Nursing/designee will instruct staff on submitting legible documentation. Any documentation submitted that is not legible will be returned for employee to rewrite. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going)	

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	clinical records were not complete, contained photocopies, failed to be legible, and were not readily retrievable.			
G000242	484.52 EVALUATION OF THE AGENCY'S PROGRAM Based on agency document Annual Agency Evaluation Tool review, policy review, and interview, it was determined the agency failed to include consumer participation in the agency program evaluation with the potential to affect all of the agency's 64 current patients (G 243); failed to ensure a complete evaluation had been conducted and dated that included an evaluation of the overall policy review, administrative review, and a clinical record review with the potential to affect all of the agency's 64 current patients (See G 244); failed to ensure the annual evaluation was performed that assessed the extent to which the agency's program was appropriate, adequate, effective and efficient with the potential to affect all of the agency's 64 current patients (See G 245); and failed to ensure accurate results were reported to those responsible for the operation of the	G000242	See G243, G244, G245 and G246	02/13/2015

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	agency for 1 of 1 agency with the potential to affect all of the agency's 64 current patients. (See G 246). The cumulative effect of these systemic problems resulted in the agency being out of compliance with the Condition of Participation 484.52: Evaluation of the Agency's Program.			
G000243	484.52 EVALUATION OF THE AGENCY'S PROGRAM The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers. Based on agency document Annual	G000243	1. 1. Administrator/designee will	01/26/2015

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	Agency Evaluation Tool review, policy review, and interview, the agency failed to ensure the annual evaluation included the participation of consumers with the potential to affect all of the agency's 64 current patients. Findings include: 1. Review of agency document "Annual Agency Evaluation Tool" failed to evidence the agency's evaluation, undated, included the participation of consumers. 2. Agency policy "Annual Evaluation," # 108, last reviewed / revised 12-14-14, states, "The Agency will perform an overall evaluation of the Agency's total program at least once a year by a committee chosen of members of the PAC, HHA, staff, and consumers, or by professional people outside the Agency working in conjunction with consumers." 3. On 1-9-14 at 2:45 PM, Employee A, the Nursing Supervisor / Alternate Administrator, indicated the annual evaluation did not evidence consumer participation.		include consumer participation when completing the Annual Agency Evaluation. (Immediately & on-going) 2. Administrator/designee will contact several people who have no connection to the agency to invite them to participate in the Annual Agency Review. (On-going) 3. Administrator/designee will notify those individuals, by mail, at least one (1) week before the scheduled annual meeting of the date, time and location. Administrator will be responsible to monitor compliance. (On-going) 4. If a consumer is unable to attend the Annual Agency Evaluation meeting, the Administrator/designee will mail them the materials to be reviewed and request they submit their comments and suggestions to the Administrator within a week. (On-going) 5. All patients on service at this time will be given patient satisfaction survey with a self-addressed and stamped envelope. In addition to a letter of receipt stating they received the survey. The letter will be placed in the Satisfaction Survey binder as proof it was given. Each RN Case Manager will be responsible to hand deliver the survey and bring the	

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			letter back to the office. To be initiated immediately. Nursing Director/designee will monitor for compliance. (Immediately and Ongoing). 6. Going forward Administrator/designee will send out Patient Satisfaction Surveys with a self-addressed and stamped envelope in June and December of each year to all current and active patients. (Immediately and Ongoing) 7. Administrator/designee will send a Patient Satisfaction Survey out to all patients and or family of discharged patient within 1 week of discharge. (Immediately & Ongoing) 8. The Director of Nursing/designee will tally the results as part of the QAPI Program and the results will be included in the PAC minutes/meeting notes. (Immediately and Ongoing) 9. Policy was written, submitted and accepted by the board and the PAC Committee to address the Patient Satisfaction Survey, Policy # 131. Responsible parties the Board of Directors and the PAC Committee. Completed February 16, 2015 & ongoing. 10. Administrator will annually send out Satisfaction Surveys to our top 4 referral sources in December.	

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G000244	484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation consists of an overall policy and administrative review and a clinical record review. Based on agency document and policy review and interview, the agency failed to ensure an evaluation had been completed that included an evaluation of an overall policy and administrative review and a clinical record review with the potential to affect all of the agency's 64 current patients. Findings include: 1. Review of agency documents failed to evidence the agency had a record of the date of the meeting for the annual evaluation, failed to complete all the data in the agency form, and failed to include a review of clinical record audit results. 2. On 1-9-14 at 2:45 PM, Employee A, the Nursing Supervisor / Alternate Administrator, indicated not being able to determine the date of the agency annual evaluation but thought it must have been in early 2014. Employee A verified all the items in the evaluation were not reviewed.	G000244	1. Administrator/designee will document the date of all meetings. Administrator will be responsible to monitor compliance regarding dating all meeting documentation. (Immediately & on-going) 2. Administrator/designee will review Annual Agency Evaluation Form, before presenting it to the Professional Advisory Group, to ensure it has been completely filled out. Administrator/designee will be responsible to monitor compliance. (Immediately & on-going) 3. Administrator/Director of Nursing/designee will incorporate into the Annual Agency Evaluation the results of the quarterly chart audits. Administrator/Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 4. Administrator/designee will be responsible to document recommendations/suggestions given by those participating in the Annual Agency Evaluation meeting. (Immediately &	01/26/2015

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RELIABLE HOME HEALTHCARE SERVICES	2141 N FRANKLIN RD INDIANAPOLIS, IN 46219

(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
	3. Agency policy "Annual Evaluation," # 108, last reviewed / revised 12-14-14, states, "The Agency will perform an overall evaluation of the Agency's total program at least once a year by a committee chosen of members of the PAC, HHA, staff, and consumers, or by professional people outside the Agency working in conjunction with consumers."		On-going) 5. Administrator/designee will be responsible to document that each area on the Annual Agency Evaluation has been discussed and those present have had the opportunity to make suggestions. (Immediate & On-going) 6. Administrator/designee will be responsible to ensure all participating members sign an attendance sheet. (Immediately & On-going) 7. If a consumer is unable to attend the Annual Agency Evaluation meeting, the Administrator/designee will mail them the materials to be reviewed and request they submit their comments and suggestions to the Administrator within a week. (On-going) 8. All patients on service at this time will be given patient satisfaction survey with a self-addressed and stamped envelope. In addition to a letter of receipt stating they received the survey. The letter will be placed in the Satisfaction Survey binder as proof it was given. Each RN Case Manager will be responsible to hand deliver the survey and bring the letter back to the office. To be initiated immediately. Nursing Director/designee will monitor for compliance. (Immediately and Ongoing). 9. Going forward Administrator/designee will send out Patient Satisfaction Surveys with	

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			a self-addressed and stamped envelope in June and December of each year to all current and active patients. (Immediately and Ongoing) 10. Administrator/designee will send a Patient Satisfaction Survey out to all patients and or family of discharged patient within 1 week of discharge. (Immediately & Ongoing) 11. The Director of Nursing/designee will tally the results as part of the QAPI Program and the results will be included in the PAC minutes/meeting notes. (Immediately and Ongoing) 12. Policy was written, submitted and accepted by the board and the PAC Committee to address the Patient Satisfaction Survey, Policy # 131. Responsible parties the Board of Directors and the PAC Committee. Completed February 16, 2015 & ongoing. 13. Administrator will annually send out Satisfaction Surveys to our top 4 referral sources in December. (Immediately and Ongoing)	
G000245	484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient. Based on agency document Annual Agency Evaluation Tool review, policy review, and interview, the agency failed to ensure an annual evaluation was	G000245	1. Administrator/designee will document the date of all meetings. Administrator will be responsible to monitor	01/26/2015

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	performed that assessed the extent to which the agency's program was appropriate, adequate, effective, and efficient with the potential to affect all of the agency's 64 current patients. Findings include: 1. Review of agency documents failed to evidence the agency's evaluation, undated, included data upon which to assess the extent to which the agency's program was appropriate, adequate, effective, and efficient. 2. On 1-9-14 at 2:45 PM, Employee A, the Nursing Supervisor / Alternate Administrator, indicated not being able to determine the date of the agency annual evaluation but thought it must have been in early 2014. Employee A verified all the items in the evaluation were not reviewed and failed to evidence any data upon which to base an assessment. 3. Agency policy "Annual Evaluation," # 108, last reviewed / revised 12-14-14, states, "The Agency will perform an overall evaluation of the Agency's total program at least once a year by a committee chosen of members of the PAC, HHA, staff, and consumers, or by professional people outside the Agency working in conjunction with consumers."		compliance regarding dating all meeting documentation. (Immediately & on-going) 2. Administrator/designee will review Annual Agency Evaluation Form, before presenting it to the Professional Advisory Group, to ensure it has been completely filled out. Administrator/designee will be responsible to monitor compliance. (Immediately & on-going) 3. Administrator/Director of Nursing/designee will incorporate into the Annual Agency Evaluation the results of the quarterly chart audits. Administrator/Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 4. Administrator/designee will be responsible to document recommendations/suggestions given by those participating in the Annual Agency Evaluation meeting. (Immediately & On-going) 5. Administrator/designee will be responsible to document that each area on the Annual Agency Evaluation has been discussed and those present have had the opportunity to make suggestions. (Immediate & On-going) 6. Administrator/designee will be responsible to ensure all participating members sign an attendance sheet. (Immediately & On-going) 7. If a consumer is unable to	

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			attend the Annual Agency Evaluation meeting, the Administrator/designee will mail them the materials to be reviewed and request they submit their comments and suggestions to the Administrator within a week. (On-going) 8. All patients on service at this time will be given patient satisfaction survey with a self-addressed and stamped envelope. In addition to a letter of receipt stating they received the survey. The letter will be placed in the Satisfaction Survey binder as proof it was given. Each RN Case Manager will be responsible to hand deliver the survey and bring the letter back to the office. To be initiated immediately. Nursing Director/designee will monitor for compliance. (Immediately and Ongoing). 9. Going forward Administrator/designee will send out Patient Satisfaction Surveys with a self-addressed and stamped envelope in June and December of each year to all current and active patients. (Immediately and Ongoing) 10. Administrator/designee will send a Patient Satisfaction Survey out to all patients and or family of discharged patient within 1 week of discharge. (Immediately & Ongoing) 11. The Director of Nursing/designee will tally the results as part of the QAPI Program	

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			and the results will be included in the PAC minutes/meeting notes. (Immediately and Ongoing) 12. Policy was written, submitted and accepted by the board and the PAC Committee to address the Patient Satisfaction Survey, Policy # 131. Responsible parties the Board of Directors and the PAC Committee. Completed February 16, 2015 & ongoing. 13. Administrator will annually send out Satisfaction Surveys to our top 4 referral sources in December. (Immediately and Ongoing)	
G000246	484.52 EVALUATION OF THE AGENCY'S PROGRAM Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency. Based on agency document Annual Agency Evaluation Tool review and interview, the agency failed to ensure the annual evaluation was completed, dated, based on data, and could be used as a basis for action by those responsible for the operation of the agency with the potential to affect all 64 active patients. Findings include: 1. Review of agency document Annual Agency Evaluation Tool failed to evidence the agency's evaluation,	G000246	1. Administrator/designee will document the date of all meetings. Administrator will be responsible to monitor compliance regarding dating all meeting documentation. (Immediately & on-going) 2. Administrator/designee will review Annual Agency Evaluation Form, before presenting it to the Professional Advisory Group, to ensure it has been completely filled out. Administrator/designee will be responsible to monitor compliance. (Immediately & on-going)	01/26/2015

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	undated, included data upon which to assess the extent to which the agency's program was appropriate, adequate, effective, and efficient and could provide a basis for action by those responsible for the operation of the agency. 2. On 1-9-14 at 2:45 PM, Employee A, the Nursing Supervisor / Alternate Administrator, indicated not being able to determine the date of the agency annual evaluation but thought it must have been in early 2014. Employee A verified all the items in the evaluation were not reviewed, failed to evidence any data upon which to base an assessment, and did not provide a basis for action by those responsible for the operation of the agency.		3. Administrator/Director of Nursing/designee will incorporate into the Annual Agency Evaluation the results of the quarterly chart audits. Administrator/Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 4. Administrator/designee will be responsible to document recommendations/suggestions given by those participating in the Annual Agency Evaluation meeting. (Immediately & On-going) 5. Administrator/designee will be responsible to document that each area on the Annual Agency Evaluation has been discussed and those present have had the opportunity to make suggestions. (Immediate & On-going) 6. Administrator/designee will be responsible to ensure all participating members sign an attendance sheet. (Immediately & On-going) 7. If a consumer is unable to attend the Annual Agency Evaluation meeting, the Administrator/designee will mail them the materials to be reviewed and request they submit their comments and suggestions to the Administrator within a week. (On-going)	

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			8. All patients on service at this time will be given patient satisfaction survey with a self-addressed and stamped envelope. In addition to a letter of receipt stating they received the survey. The letter will be placed in the Satisfaction Survey binder as proof it was given. Each RN Case Manager will be responsible to hand deliver the survey and bring the letter back to the office. To be initiated immediately. Nursing Director/designee will monitor for compliance. (Immediately and Ongoing). 9. Going forward Administrator/designee will send out Patient Satisfaction Surveys with a self-addressed and stamped envelope in June and December of each year to all current and active patients. (Immediately and Ongoing) 10. Administrator/designee will send a Patient Satisfaction Survey out to all patients and or family of discharged patient within 1 week of discharge. (Immediately & Ongoing) 11. The Director of Nursing/designee will tally the results as part of the QAPI Program and the results will be included in the PAC minutes/meeting notes. (Immediately and Ongoing)	

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			12. Policy was written, submitted and accepted by the board and the PAC Committee to address the Patient Satisfaction Survey, Policy # 131. Responsible parties the Board of Directors and the PAC Committee. Completed February 16, 2015 & ongoing. 13. Administrator will annually send out Satisfaction Surveys to our top 4 referral sources in December. (Immediately and Ongoing)	
G000321	484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set. Based on Indiana State Department of Health (ISDH) document review, agency policy review, and interview, the agency failed to ensure OASIS data had been transmitted within 30 days of the completion of the assessment in 1 of 6 active records reviewed (5) creating the potential to affect all of the agency's current skilled patients that require OASIS to be submitted. Findings include: 1. An ISDH document dated 12-18-14 evidenced a transfer assessment had been	G000321	1. Director of Nursing/designee will instruct office staff entering OASIS into HAVEN that OASIS must be transmitted within thirty (30) days of date on M0090. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 2. Director of Nursing/designee will instruct office staff to put the date OASIS transmitted on the last page of OASIS in box “date transmitted”. This will help ensure OASIS are transmitted timely. Director of Nursing/designee will be	01/26/2015

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	completed on 8-1-14 and a resumption of care assessment on 8-7-14 for clinical record # 5. The document evidenced neither the the transfer assessment nor the resumption of care assessment had been transmitted until 9-8-14. 2. The agency policy titled "Encoding and Reporting OASIS DATA", # 612, last reviewed/revised 11-15-13 stated, "OASIS data ... will be encoded and transmitted to the State agency within 30 days after the collection of the OASIS data." 3. On 1-9-15 at 3 PM, Employee HH, Administrative Assistant, assigned to transmit OASIS data, and Employee A, the Nursing Supervisor, indicated the transmitting of OASIS data had not occurred within 30 days.		responsible to monitor compliance. (Immediately & on-going) 3. Director of Nursing/designee will maintain a list of when OASIS are due and when they need to be submitted by. Director of Nursing/designee will be responsible to monitor timely compliance. (Immediately & On-going) 4. Once an OASIS has been entered and transmitted, it will be given to Director of Nursing/designee to monitor for timely compliance. (Immediately & On-going)	
G000330	484.55 COMPREHENSIVE ASSESSMENT OF PATIENTS Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward achievement of desired outcomes. The comprehensive assessment must identify the patient's continuing need for home care			

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	and meet the patient's medical, nursing, rehabilitative, social, and discharge planning needs. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment. The comprehensive assessment must also incorporate the use of the current version of the Outcome and Assessment Information Set (OASIS) items, using the language and groupings of the OASIS items, as specified by the Secretary Based on policy review, clinical record review, and interview, it was determined the agency failed to ensure the recertification comprehensive assessment was complete for 1 of 10 records reviewed (See G 334), failed to ensure the recertification comprehensive assessment was performed within the last 5 days of the 60 day certification period for 1 of 10 clinical records reviewed (See G 339), failed to ensure a resumption of care assessment was performed within 48 hours of patient discharge from in-patient hospitalization for 1 of 1 record reviewed of patients with a hospital admission during the certification period (See G 340), and failed to ensure the comprehensive assessment had been updated at the time of discharge in 1 of 4 discharged records reviewed (See G 341). The cumulative effect of these systemic	G000330	See G334, G339, G340 and G341	01/30/2015

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	problems resulted in the agency being out of compliance with the Condition of Participation 42 CFR 484.55 Comprehensive Assessment of Patients.			
G000334	484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care. Based on policy review, clinical record review, and interview, the agency failed to ensure the recertification comprehensive assessment (CA) was complete for 1 of 10 records reviewed (#1). Findings include: 1. Clinical record 1, start of care 2-24-14, included a plan of care for the certification period 10-22 to 12-20-14. The recertification CA of 10-22-14 failed to assess the location and condition of patient's dialysis graft. 2. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, indicated the CA failed to evidence the location and condition of	G000334	1.Directorof Nursing/designee will instruct nurses on need to complete a comprehensiveassessment when doing a recertification, resumption and discharge. Thisincludes documenting dialysis grafts, ostomies, etc. (Complete by Jan 30,2015) 2.Directorof Nursing/designee will include in orientation of newly hired nurses need tocomplete a comprehensive assessment when doing a recertification, resumptionand discharge. This includes documenting dialysis grafts, ostomies, etc. (Immediately &on-going) 3.Agencywill have consultant randomly audit OASIS to monitor compliance. (Immediately &on-going)	01/30/2015

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	the patient's dialysis graft 3. Agency policy "Comprehensive Assessment of Patients", #607, last reviewed / revised 11-14-12 states, "The data collected must accurately reflect the patient's status at the time of the assessment."			
G000339	484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode. Based on clinical record review, review of policy, and interview, the agency failed to ensure the recertification comprehensive assessment (CA) was performed within the last 5 days of the 60 day certification period for 1 of 10 clinical records reviewed (#1). Findings include:	G000339	1.Directorof Nursing/designee will instruct nurses on doing recertification assessmentsday fifty six (56) to day sixty (60). (Complete by Jan 30, 2015) 2.Directorof Nursing/designee will include in orientation of newly hired nurses doingrecertification assessments day fifty six (56) to day sixty (60). (Immediately &on-going) 3.Staffnurses will be instructed to indicate on their weekly schedules which visitsare	01/30/2015

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	1. Clinical record 1, start of care 2-24-14, included a plan of care for the certification period 10-22 to 12-20-14. The comprehensive assessment for this certification period was due between 10-17 and 10-21-14. The CA was dated 10-22-14. 2. Agency policy "Comprehensive Assessment and OASIS Data Collection", #621, last reviewed/revised 11-15-13 states, The clinician completes the CA [comprehensive assessment] and subsequent reassessments during specific time points during the course. These are: the start of care, the last 5 days of every 60 day period beginning with the start of care date, whenever there is a major decline or improvement in the patient's health status, within 48 hours of (or knowledge of) transfer to an inpatient facility, within 48 hours of (or knowledge of) the patient's return home from an inpatient stay, within 48 hours of (or knowledge of) discharge from the agency, or death (for completion of OASIS document). Data collected must accurately reflect the patient's status at the time of the assessment." 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, indicated the assessment was not completed within the 5 day window.		recertification or discharge visits. Director of Nursing will randomly checkthose visits to ensure time frame for that assessment is correct. (Immediately &on-going) 4.Agencywill have consultant randomly audit OASIS to monitor compliance. (Immediately & on-going)	

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G000340	484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests. Based on clinical record review, review of policy, and interview, the agency failed to ensure a resumption of care assessment was performed within 48 hours of patient discharge from in-patient hospitalization for 1 of 1 record reviewed of patients with a hospital admission during the certification period (#1). Findings include: 1. Clinical record 1, start of care 2-24-14, included a plan of care for the certification period 10-22 to 12-20-14. The patient was discharged from in-patient care on 10-30-14 and the clinical record failed to evidence a resumption of care comprehensive assessment had been completed. 2. Agency policy "Comprehensive Assessment and OASIS Data Collection",	G000340	1. Director of Nursing will instruct nurses on the proper timeframe for doing a resumption comprehensive assessment. (Complete by Jan 30, 2015) 2. Director of Nursing/designee will include as part of orientation for newly hired nurses the proper timeframe for doing a resumption comprehensive assessment. (Immediately & on-going) 3. Director of Nursing/designee will review all resumptions to ensure they are done timely. (Immediately & on-going) 4. Director of Nursing/designee will maintain a list of resumptions. Director of Nursing/designee will be responsible to monitor timely compliance. (Immediately & On-going) 5. Director of Nursing/designee will take list of resumptions and mark off resumption assessments as	01/30/2015

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(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
	#621, last reviewed / revised 11-15-13 states, "The clinician completes the CA [comprehensive assessment] and subsequent reassessments during specific time points during the course. These are: the start of care, the last 5 days of every 60 day period beginning with the start of care date, whenever there is a major decline or improvement in the patient's health status, within 48 hours of (or knowledge of) transfer to an inpatient facility, within 48 hours of (or knowledge of) the patient's return home from an inpatient stay, within 48 hours of (or knowledge of) discharge from the agency, or death (for completion of OASIS document). Data collected must accurately reflect the patient's status at the time of the assessment." 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.		nurses turn them in. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & On-going)	
G000341	484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT			

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	The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge. Based on clinical record review, agency policy review, and interview, the agency failed to ensure the comprehensive assessment had been updated at the time of discharge in 1 of 4 discharged records reviewed. (#3) Findings include: 1. Clinical record number 3, start of care 12-2-13, was discharged at patient's request on 6-30-14. The record failed to evidence the comprehensive assessment had been updated at the time of discharge. 2. Agency policy "Comprehensive Assessment and OASIS Data Collection", #621, last reviewed/revised 11-15-13 states "the clinician completes the CA [comprehensive assessment] and subsequent reassessments during specific time points during the course. These are: the start of care, the last 5 days of every 60 day period beginning with the start of care date, whenever there is a major decline or improvement in the patient's health status, within 48 hours of (or knowledge of) transfer to an inpatient facility, within 48 hours of (or knowledge	G000341	1.1. Director of Nursing will instruct nurses on the proper timeframe for doing discharge comprehensive assessment. (Complete by Jan 30, 2015) 2. Director of Nursing/designee will include as part of orientation for newly hired nurses the proper timeframe for doing a discharge comprehensive assessment. (Immediately & on-going) 3. Director of Nursing/designee will review all discharge OASIS to ensure they are completed timely. (Immediately & on-going) 4. Director of Nursing/designee will maintain a list of discharges. Director of Nursing/designee will be responsible to monitor timely compliance. (Immediately & On-going) 5. Director of Nursing/designee will take list of discharges and mark off discharge assessments as nurses turn them in. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & On-going)	01/30/2015

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	of) the patient's return home from an inpatient stay, within 48 hours of (or knowledge of) discharge from the agency, or death (for completion of OASIS document). Data collected must accurately reflect the patient's status at the time of the assessment." 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.			
N000000		N000000		
	This visit was for a state home health agency complaint investigation. Complaint # IN00152957 Substantiated - State deficiencies related to the allegations are cited. Unrelated deficiencies are also cited. Facility #: 012999 Survey dates: 12-18, 12-19, 12-22-2014, and 1-8, 1-9, 1-12, and 1-13-2015 Medicaid Vendor #: 201124380 Surveyor: Deborah Franco, RN, PHNS			

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	Census: 25 Unduplicated skilled admissions last 12 months 62 Home Health Aide only patients 87 Total Quality Review: Joyce Elder, MSN, BSN, RN January 20, 2015			
N000444	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 review of policy and interview, the administrator was unable to provide a listing of current patients, discharged patients, or a schedule of home visits being made, all ongoing functions of the agency. Findings include:	N000444	1. Administrator/Director of Nursing will create an on-going list of patients. There will be a list of current active patients and discharged patients. (Complete by Jan 30, 2015 & On-going) 2. Director of Nursing/designee will ensure patient lists have the following information: name, start of care	01/30/2015

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	1. Agency policy "Administrative Control", #106, last reviewed/revised 12-14-14, states the Administrator is responsible for " a. Organize and direct the Agency ' s ongoing functions b. Assure that the documentation of services provided is accurate and timely c. employ qualified, competent personnel d. ensure the accuracy of public information materials and activities." 2. Employee JJ, Administrator, on 12-18-2014 during interviews at 1:30 PM, indicated the agency has systems in place to manage the ongoing functions of the agency and did not provide any further information. The administrator was unable to provide a list of current patients, discharge patients, and a schedule of home visits.		date, diagnoses and disciplines they are receiving. (Complete by Jan 30, 2015 & on-going) 3. Director of Nursing/designee will ensure patient lists are kept up to date. (Immediately & On-going) 4. Director of Nursing will maintain a copy of nurses and aide visit schedule. (Immediately & On-going) 5. Director of Nursing will instruct nurses/aides on the need to notify DON of any changes to their visit schedule as they occur. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Jan 30, 2015 & On-going) 6. Nurses and aides who fail to notify Director of Nursing/designee of daily changes to their schedule will be counseled. Director of Nursing will be responsible to monitor compliance. (Immediately & On-going) 7. Director of Nursing/designee will review patient lists for accuracy daily. (Immediately & On-going)	
N000456	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.			

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	(2) Resolve identified problems. (3) Improve patient care. Based on agency document Annual Agency Evaluation Tool review, policy review, and interview, the agency failed to ensure the annual evaluation included the participation of consumers and objectively monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care with the potential to affect all of the agency's 64 current patients. Findings include: 1. Review of agency document "Annual Agency Evaluation Tool" failed to evidence the agency's evaluation, undated, included the participation of consumers and objectively monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care. 2. Agency policy "Annual Evaluation," # 108, last reviewed / revised 12-14-14, states, "The Agency will perform an overall evaluation of the Agency's total program at least once a year by a committee chosen of members of the PAC, HHA, staff, and consumers, or by professional people outside the Agency working in conjunction with consumers."	N000456	1. Administrator/designee will include consumer participation when completing the Annual Agency Evaluation. (Immediately & on-going) 2. Administrator/designee will contact several people who have no connection to the agency to invite them to participate in the Annual Agency Review. (On-going) 3. Administrator/designee will notify those individuals, by mail, at least one (1) week before the scheduled annual meeting of the date, time and location. Administrator will be responsible to monitor compliance. (On-going) 4. If a consumer is unable to attend the Annual Agency Evaluation meeting, the Administrator/designee will mail them the materials to be reviewed and request they submit their comments and suggestions to the Administrator within a week. (On-going) 5. All patients on service at this time will be given patient satisfaction survey with a self-addressed and stamped envelope. In addition to a letter of receipt stating they received the survey. The letter will be placed in the Satisfaction Survey binder as proof it was given. Each RN Case Manager will be responsible to hand deliver the survey and bring the	01/26/2015

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	3. On 1-9-14 at 2:45 PM, Employee A, the Nursing Supervisor / Alternate Administrator, indicated the annual evaluation did not evidence consumer participation and did not and objectively monitor and evaluate the quality and appropriateness of patient care, resolve identified problems, and improve patient care.		letter back to the office. To be initiated immediately. Nursing Director/designee will monitor for compliance. (Immediately and Ongoing). 6. Going forward Administrator/designee will send out Patient Satisfaction Surveys with a self-addressed and stamped envelope in June and December of each year to all current and active patients. (Immediately and Ongoing) 7. Administrator/designee will send a Patient Satisfaction Survey out to all patients and or family of discharged patient within 1 week of discharge. (Immediately & Ongoing) 8. The Director of Nursing/designee will tally the results as part of the QAPI Program and the results will be included in the PAC minutes/meeting notes. (Immediately and Ongoing) 9. Policy was written, submitted and accepted by the board and the PAC Committee to address the Patient Satisfaction Survey, Policy # 131. Responsible parties the Board of Directors and the PAC Committee. Completed February 16, 2015 & ongoing. 10. Administrator will annually send out Satisfaction Surveys to our top 4 referral sources in December. (Immediately and Ongoing)	
N000458	410 IAC 17-12-1(f)			

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	Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on policy and personnel file review and interview, the agency failed to ensure a criminal background check was performed as per IC 16-27-2 for 1 of 7 personnel files of direct care providers reviewed (Employee FF). Findings included: 1. Agency policy "Criminal History Record Check", #223, last reviewed/revised 1-30-14, states, "No employee will be allowed active employment until a satisfactory criminal history ... has been received." 2. Employee FF personnel file contained a criminal history check dated 4-24-14,	N000458	1. Administrator/designee will update “Criminal History Record Check” policy to indicate agency will submit for a criminal background no later than three (3) days after first patient contact. If criminal history background check is not back within twenty-one (21) days, the employee will be removed from the schedule until the criminal history background is received. Will delete “No employee will be allowed active employment until a satisfactory criminal history has been received.” (Complete by Jan 30, 2015) 2. Administrator/designee will review all new employee files to ensure there is a criminal history background present within twenty	01/30/2015

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	date of first patient contact was 12-30-13. 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and could not explain the delay in obtaining the employee criminal background check prior to employee being assigned patient care duties.		one (21) days of first patient contact. (Immediately & On-going) 3. Director of Nursing/designee will audit employee files for compliance. Administrator/designee will update "Criminal History Record Check" policy to indicate agency will submit for a criminal background no later than three (3) days after first patient contact. If criminal history background check is not back within twenty-one (21) days, the employee will be removed from the schedule until the criminal history background is received. Will delete "No employee will be allowed active employment until a satisfactory criminal history has been received." (Complete by Jan 30, 2015) 4. Administrator/designee will review all new employee files to ensure there is a criminal history background present within twenty one (21) days of first patient contact. If a background check is not back within twenty-one (21) days, the employee will removed from schedule until the background check is received. (Immediate & On-going)	
N000462	410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a			

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	physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. Based on personnel record review, review of policy, and interview, the agency failed to ensure physical examinations met agency policy for 2 of 7 personnel files of direct care providers reviewed (Employees D and EE). Findings include: 1. The personnel file of Employee D contained a physical examination dated 3-21-13, date of first patient contact was 11-11-13, more than 180 after the physical examination. 2. The personnel file of Employee EE contained a physical examination dated 7-14-14, date of first patient contact was 10-16-14, which failed to contain verification the employee was free from signs and symptoms of infectious disease. 3. Agency policy "Employee Health Assessments", #209, last reviewed/revised 12-16-14, states "A written health assessment of each employee who has direct patient contact	N000462	1. Administrator/designee will review physical forms of all new field employees to ensure the phrase “employee is free of infectious and communicable disease.” Director of Nursing/designee will be responsible to monitor for compliance. (Immediately & On-going) 2. Administrator/designee will review physical forms of new field employees to ensure the physical is less than one hundred eighty (180) days old at time of first patient contact. Director of Nursing/designee will be responsible to monitor for compliance (Immediately & On-going)	01/26/2015

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	shall: ... Be no more than 180 days old at the time of first patient contact ... Verify the employee is free from health conditions which would interfere with the employee's ability to perform assigned duties ... contain verification the employee is free from signs and symptoms of infectious disease ... " 4. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and indicated the agency should not have accepted these documents as physical examinations per agency policy.			
N000472	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. Based on agency document Annual Agency Evaluation Tool review, policy review, and interview, the agency failed	N000472	1. Administrator/designee will be responsible to document recommendations/suggestions given by those participating in the	01/26/2015

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	to ensure the annual evaluation objectively monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care with the potential to affect all of the agency's 64 current patients. Findings include: 1. Review of agency document "Annual Agency Evaluation Tool" failed to evidence the agency's evaluation, undated, objectively monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care. 2. Agency policy "Annual Evaluation," # 108, last reviewed / revised 12-14-14, states, "The Agency will perform an overall evaluation of the Agency's total program at least once a year by a committee chosen of members of the PAC, HHA, staff, and consumers, or by professional people outside the Agency working in conjunction with consumers." 3. On 1-9-14 at 2:45 PM, Employee A, the Nursing Supervisor / Alternate Administrator, indicated the annual evaluation objectively monitor and evaluate the quality and appropriateness of patient care, resolve identified		Annual Agency Evaluation meeting. (Immediately & On-going) 2. Administrator/designee will be responsible to document that each area on the Annual Agency Evaluation has been discussed and those present have had the opportunity to make suggestions. (Immediate & On-going) 3. Administrator/designee will be responsible to ensure all participating members sign an attendance sheet. (Immediately & On-going) 4. If a consumer is unable to attend the Annual Agency Evaluation meeting, the Administrator/designee will mail them the materials to be reviewed and request they submit their comments and suggestions to the Administrator within a week. (On-going) 5. Administrator/designee will review Annual Agency Evaluation Form, before presenting it to the Professional Advisory Group, to ensure it has been completely filled out. Administrator/designee will be responsible to monitor compliance. (Immediately & on-going) 6. Administrator will make all attempts to ensure that all members of the PAC Committee have the opportunity and ability to attend in person. (Immediately & ongoing) 7. All patients on service at this time will be given patient satisfaction survey with a	

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	problems, and improve patient care.		self-addressed and stamped envelope. In addition to a letter of receipt stating they received the survey. The letter will be placed in the Satisfaction Survey binder as proof it was given. Each RN Case Manager will be responsible to hand deliver the survey and bring the letter back to the office. To be initiated immediately. Nursing Director/designee will monitor for compliance. (Immediately and Ongoing). 8. Going forward Administrator/designee will send out Patient Satisfaction Surveys with a self-addressed and stamped envelope in June and December of each year to all current and active patients. (Immediately and Ongoing) 9. Administrator/designee will send a Patient Satisfaction Survey out to all patients and or family of discharged patient within 1 week of discharge. (Immediately & Ongoing) 10. The Director of Nursing/designee will tally the results as part of the QAPI Program and the results will be included in the PAC minutes/meeting notes. (Immediately and Ongoing) 11. Policy was written, submitted and accepted by the board and the PAC Committee to address the Patient Satisfaction Survey, Policy # 131. Responsible parties the Board of Directors and the PAC Committee. Completed February 16, 2015 & ongoing.	

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			12. Administrator will annually send out Satisfaction Surveys to our top 4 referral sources in December. (Immediately and Ongoing)	
N000484	410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. Based on clinical record and policy review and interview, the agency failed to ensure all personnel furnishing services coordinated care effectively while services were being provided for 1 of 4 records reviewed (3) of patients receiving more than one of the agency's services. Findings include: 1. Clinical record number 3, SOC (start of care) 12-3-13, contained a plan of care from 5-31 to 7-29-14 with orders for skilled nursing and home health aide services. The clinical record failed to evidence communication and / or coordination of care between the disciplines. 2. Agency policy "Coordination of Care", #311, last reviewed /revised 1-30-14,	N000484	1. Director of Nursing/designee will instruct nurses to inquire about any other agencies providing care/services. (Immediately & On-going) 2. Director of Nursing/designee will instruct nurses on need to document communication they have with aides providing care for their patients. (Complete by Jan30, 2015) 3. Orientation of newly hired nurses will include instruction on documenting communication with aides providing care for their patients. Director of Nursing/designee will be responsible to monitor. (On-going) 4. Director of Nursing/designee will audit ten	01/30/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2015
NAME OF PROVIDER OR SUPPLIER RELIABLE HOME HEALTHCARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2141 N FRANKLIN RD INDIANAPOLIS, IN 46219	

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	states, "All service providers involved in the care of a client, including contracted health care professionals or another Agency, will be engaged in effective interchange, reporting, and coordination of care regarding the client. All such coordination of care will be documented in the client record. Each client will be assessed upon admission to identify any other agencies providing services to the client." 3. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.		(10) percent of charts monthly to ensure coordination of care is being documented. (Immediately & On-going) 5. Director of Nursing/designee will instruct nurses on need to document communication with outside agencies providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. (Complete by Jan30, 2015 & On-going) 6. Orientation of newly hired nurses will include ~~on~~ need to document communication with outside agencies, including Reliable Personal Services, providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. Director of Nursing/designee will be responsible to monitor. (Immediately & On-going) 7. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure coordination of care is being documented. (Immediately & On-going) 8. Nurses found non-complaint with documenting coordination of care will be re-instructed on this requirement. Director of	

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			Nursing/designee will monitor compliance and conduct re-instruction as needed. (Immediately and On-going)	
N000486	410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient. Based on clinical record review, policy review, and interview, the agency failed to ensure the clinical record evidenced communications by all personnel furnishing services to establish effective interchange, reporting, and coordination of patient care for 5 of 6 records reviewed of active patients receiving services from an outside agency (1, 5, 6, 7,and 10) Findings include: 1. Clinical record 1, start of care (SOC) 10-22-14, included a plan of care for the certification period of 10-22 to 12-20-14, for skilled nurse (SN) and home health aide(HHA) services, the patient also received personal attendant services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing personal attendant	N000486	1. Director of Nursing/designee will instruct nurses to inquire about any other agencies providing care/services. (Immediately & On-going) 2. Director of Nursing/designee will instruct nurses on need to document communication they have with aides providing care for their patients. (Complete by Jan30, 2015) 3. Orientation of newly hired nurses will include instruction on documenting communication with aides providing care for their patients. Director of Nursing/designee will be responsible to monitor. (On-going) 4. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure coordination of care is being documented.	01/30/2015

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	services. 2. Clinical record 5, SOC 8-8-13, included a plan of care for the certification period of 11-4-14 to 1-2-15, for SN and HHA services, the patient also received personal attendant services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing personal attendant services. 3. Clinical record 6, SOC 2-28-14, included a plan of care for the certification period of 12-25-14 to 2-22-15 with orders for HHA services. The patient also received skilled nursing services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing skilled nursing services. 4. Clinical record 7, SOC 10-23-14, included a plan of care for the certification period of 12-22-14 to 2-9-15 with orders for HHA services. The patient also received physical therapy services from another agency. The clinical record failed to evidence any documentation of coordination between agency and the agency providing physical therapy services.		(Immediately & On-going) 5. Director of Nursing/designee will instruct nurses on need to document communication with outside agencies providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. (Complete by Jan30, 2015 & On-going) 6. Orientation of newly hired nurses will include ~~on~~ need to document communication with outside agencies, including Reliable Personal Services, providing services to patient. This will be done at time of admission, resumption, recertification, discharge and anytime there is a change. Director of Nursing/designee will be responsible to monitor. (Immediately & On-going) 7. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure coordination of care is being documented. (Immediately & On-going) 8. Nurses found non-complaint with documenting coordination of care will be re-instructed on this requirement. Director of Nursing/designee will monitor compliance and conduct re-instruction as needed.	

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			(Immediately and On-going)	
	5. Clinical record 10, SOC 11-8-13, included a plan of care for the certification period of 11-3-14 to 1-1-15 with orders for HHA services. The patient also received personal care attendant services from another agency The clinical record failed to evidence any documentation of coordination between agency and the agency providing personal attendant services. 6. Agency policy "Coordination of Care", #311, last reviewed / revised 1-30-14, states, "All service providers involved in the care of a client, including contracted health care professionals or another Agency, will be engaged in effective interchange, reporting, and coordination of care regarding the client. All such coordination of care will be documented in the client record. Each client will be assessed upon admission to identify any other agencies providing services to the client." 7. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.			
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			

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	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 document review, clinical record review, and interview, the agency failed to ensure patients were provided the current Indiana Advance Directives, including a description of applicable State law, in 10 of 10 records reviewed (1 - 10) with the potential to affect the exercise of rights of agency's 64 active patients. Findings include: 1. The admission package given to agency patients failed to include the state of Indiana Advanced Directives revised July 1, 2013. The admission packet contained a copy of state of Indiana Advance Directive brochure from May 2004. 2. Clinical record 1, start of care (SOC) 2-24-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives.	N000518	1. All current patients will receive a copy of the Advanced Directives July 1, 2013. Director of Nursing will be responsible to ensure this is done. (Complete by Feb ~~11~~ 6, 2015) 2. Patients will sign a form indicating they have received the updated Advanced Directives. This form will be filed in the patient's chart. Director of Nursing will be responsible to ensure this is done. (Complete by Feb ~~11~~ 6, 2015) 3. Director of Nursing will check all admission packets to ensure they contain the Advanced Directives dated July 1, 2013. (Complete by Jan 30, 2015) 4. Director of Nursing/designee will discard unused copies of Advanced Directives dated May 2004. (Complete by Jan 30, 2015) 5. Director of Nursing will be responsible to instruct all nurses to make sure they are giving patients the Advanced Directives dated July 1, 2013. (Complete by Jan 30,2015) 6. Director of Nursing/designee will check current charts to ensure all current patients have updated Advanced Directives. (Complete by	02/13/2015

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	3. Clinical record 2, SOC 12-2-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 4. Clinical record 3, SOC 12-2-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 5. Clinical record 4, SOC 10-3-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. During home visit on 12-19-14 at 11:00 AM, the patient's packet contained a 2004 version of Indiana Advance Directives. 6. Clinical record 5, SOC 8-8-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 7. Clinical record 6, SOC 2-8-14, contained an acknowledgment of receipt		Feb ~~11~~ 6, 2015) Attach copy of Advanced Directives July 1, 2013 Attach copy of form patients to sign	

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	of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 8. Clinical record 7, SOC 10-23-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 9. Clinical record 8, SOC 11-22-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 10. Clinical record 9, SOC 1-21-14, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 11. Clinical record 10, SOC 11-8-13, contained an acknowledgment of receipt of May 2004 Advance Directives brochure and failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives. 12. Employee JJ, the Administrator,			

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	indicated on 12-18-14 at 1:30 PM, the agency failed to change its admission packet when the Indiana Advance Directive brochure was updated July 2013. She indicated existing patients did not receive the updated version and patients admitted after July 2013 did not receive a description of current Indiana law regarding advance directives.			
N000522	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 policy review, clinical record review, and interview, the agency failed to ensure home health aide visits were made in accordance with the plan of care (POC) in 8 of 10 clinical records reviewed of patients receiving home health aide services (1, 2, 3, 5, 6, 7, 9, and 10). Findings include: 1. Agency policy "Nurse Supervision", #608, last reviewed/revised 11-15-13, states, "The supervising nurse will routinely review the POC all subsequent orders and review notes to ensure the POC is directly being followed and all	N000522	1. Director of Nursing/designee will instruct aides on importance of following their schedules as it is based on physician orders. (Complete by Feb 6, 2015) 2. Director of Nursing/designee will include the importance of following their schedules as it is based on physician orders during orientation of newly hired aides. (Immediately & on-going) 3. Director of Nursing/designee will instruct scheduler/designee on need to complete Missed Visit Report when aide visits are cancelled and ordered frequency is not met for the week. (Complete by Feb 6,	02/06/2015

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	orders have been signed by the physician ... " 2. Clinical record 1, start of care (SOC) 2-24-14, contained a physician's plan of care for certification period 10-22 to 12-20-14 which states, "HHA [home health aide] 3h d/ [hour per day] X 3 d/w [times 3 days per week] X 9 wks [times 9 weeks]." The record failed to evidence the HHA followed the POC; visits were made 4.5 hours, twice a week during the certification period. The clinical record failed to evidence a physician's order to resume services following a physician order dated 9-27-14 to hold all services. The agency resumed home health aide services on 11-10-14. The record failed to evidence the plan of care in the clinical record or evidence the plan of care had been sent to the physician for authorization for the certification period 6-24 to 8-22-14. 3. Clinical record 2 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 which states, "HHA up to 4h/d X 7d/w X 9 wks." The record failed to evidence HHA visits on 6-25, 6-28, and 6-19-2014 and failed to evidence the physician was notified of the missed visits. Patient was discharged 6-30-14.		2015) 4. Director of Nursing will be notified of all missed aide visits each day. (Immediately & on-going) 5. Scheduler/designee will give any missed visit reports to the Director of Nursing/designee each day to review. (Complete by Jan 30, 2015 & on-going) 6. Director of Nursing will work with scheduler/designee to try to reschedule missed visits, if possible, during the same week. (Immediately & on-going) 7. Director of Nursing/designee will fax Missed Visit Reports to physician and place completed form with fax confirmation in patient chart. (Complete by Jan 30, 2015 & on-going) 8. Director of Nursing/designee will review ten (10) percent of all aide documentation weekly to ensure frequency is being met. (Immediately & on-going) 9. Director of Nursing/designee will be responsible to re-instruct aides who are not following the ordered visit frequency. (Immediately & On-going) 10. Director of Nursing/designee	

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	4. Clinical record 3 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 which states, "HHA 6h/d X 7d/w X 9 wks." The record failed to evidence HHA visits on 6-13, 6-17, 6-24, 6-25, and 6-26-2014 and failed to evidence the physician was notified of the missed visits. HHA visits were not as per plan of care on 6-18 (4.5 hours), 6-19 (1.5 hours), 6-20 (6 hours), 6-22 (3.5 hours), 6-23 (3 hours), 6-27 (6 hours) , 6-28 (6 hours), and 6-29 (6 hours). Patient was discharged 6-30-14. 5. Clinical record 5, SOC 6-13-14, contained a physician's plan of care for certification period 11-4-14 to 1-2-15 which states, "HHA 1-3 h/d, 4-6 d/w X 9 wks." The record failed to evidence HHA visits on 11-4, 11-5, 11-6, 11-7, 11-27, 12-3, 12-4, and 12-10-14 and failed to evidence the physician was notified of the missed visits. 6. Clinical record 6, SOC 2-28-14, contained a physician's plan of care for certification period 12-25-14 to 2-22-15 which states, "HHA 6-10 h/d up to 5 d/w." The record failed to evidence HHA visits the week of 12-21 to 12-27 and failed to evidence the physician was notified of the missed visits.		will instruct nurses on need to obtain an order to resume services when service has been placed on hold. (Immediately & on-going) 11. Director of Nursing/designee audit all charts requiring a resume order to monitor compliance. (Immediately & On-going) 12. Director of Nursing/designee will include the need to obtain an order to resume services that have been put on hold in orientation of newly hired nurses. (Immediately & on-going) 13. Director of Nursing/designee will review ten (10) percent of all nursing documentation weekly to ensure visit frequency is being followed. (Immediately & On-going) 14. Director of Nursing/designee will reinstruct nurses who do not follow the ordered frequency for their patients. (Immediately & On-going) 15. Director of Nursing/designee will instruct nurses to contact Director of Nursing/designee if a scheduled visit is not made. Director of Nursing/designee will be responsible to ensure visit is rescheduled or a missed visit report is completed. (Immediately & On-going)	

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	7. Clinical record 7, SOC 10-23-14, contained a physician's plan of care for certification period 12-22-14 to 2-9-15 which states, "HHA 2-4 h/d, 1-2 visits/day, 5-7 d/w." The record failed to evidence HHA visits the week of 12-21 to 12-27 and failed to evidence the physician was notified of the missed visits. 8. Clinical record 9, SOC 1-21-14, contained a physician's plan of care for certification period 3-22-14 to 5-20-14 which states, "HHA up to 3h/d X 2d/w X 9 w." The record failed to evidence HHA visits the weeks of 3-22 to 3-28 and 3-31 to 4-4-14 and failed to evidence the physician was notified of the missed visits. Patient was discharged 7-16-14. 9. Clinical record 10, SOC 11-8-13, contained a physician's plan of care for certification period 11-3-14 to 1-1-15 which states, "HHA 3 h/d X 7d/w X 9 w." The record failed to evidence HHA visits 11-15 and 12-14-14 and failed to evidence the physician was notified of the missed visits. 10. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings.			

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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. Based on observation, clinical record review, and interview, the agency failed to ensure all durable medical equipment (DME) used by patients was included on the plan of care (POC) for 1 of 5 home visit observations (7). Findings include: 1. Clinical record 7, start of care (SOC) 10-23-14, contained a POC dated	N000524	1. Director of Nursing/designee will instruct nurses to document any durable medical equipment patient has and/or is using. (Complete by Feb 6, 2015) 2. Director of Nursing/designee will include in orientation of newly hired nurses the need to document any durable medical equipment patient has and/or is using. (Immediately & on-going)	02/06/2015

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	12-22-14 to 2-9-15. During observation on 1-9-15 at 9:00 AM, DME present in the patient's home included a cane and a glucometer. The POC failed to include these DME. 2. On 1-9-15 at 10:45 AM, Employee A, Nursing Supervisor, indicated not being aware the patient had a cane, but the glucometer was known as the patient is insulin dependent diabetic. Both should have been on the POC.		3. Director of Nursing/designee will review ten (10) percent of 485's to ensure any durable medical equipment listed in patient chart is on the 485. (Immediately & on-going) 4. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going)	
N000541	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, policy review, and interview, the registered nurse (RN) failed to reevaluate the needs of the patient to include performing a recertification comprehensive assessment (CA) within the last 5 days of the 60 day certification period for 1 of 10 clinical records reviewed (1); failed to ensure a resumption of care assessment was performed within 48 hours of patient discharge from in-patient hospitalization for 1 of 1 patients with a hospital admission during the certification period	N000541	1. Director of Nursing/designee will instruct nurses on doing recertification assessments day fifty six (56) to day sixty (60). (Complete by Jan 30, 2015) 2. Director of Nursing/designee will include in orientation of newly hired nurses doing recertification assessments day fifty six (56) to day sixty (60). (Immediately & on-going) 3. Staff nurses will be instructed to indicate on their weekly schedules which visits are recertification or discharge visits. Director of Nursing will ~~randomly~~	01/30/2015

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	(1); and failed to ensure the comprehensive assessment had been updated at the time of discharge in 1 of 4 discharged records reviewed (3). Findings include: 1. Clinical record 1, start of care 2-24-14, included a plan of care for the certification period 10-22 to 12-20-14. The comprehensive assessment for this certification period was due between 10-17 and 10-21-14. The CA was dated 10-22-14. The patient was discharged from in-patient care on 10-30-14 and the clinical record failed to evidence a resumption of care comprehensive assessment. 2. Clinical record number 3, start of care 12-2-13, was discharged at patient's request on 6-30-14. The record failed to evidence the comprehensive assessment had been updated at the time of discharge. 3. Agency policy "Comprehensive Assessment and OASIS Data Collection", #621, last reviewed/revised 11-15-13, states, "The clinician completes the CA and subsequent reassessments during specific time points during the course. These are: the start of care, the last 5 days of every 60 day period beginning		be responsible to check those visits to ensure time frame for that assessment is.compliant. (Immediately & on-going) 4. Director of Nursing will instruct nurses on the proper timeframe for doing a resumption comprehensive assessment. (Complete by Jan 30, 2015) 5. Director of Nursing/designee will include as part of orientation for newly hired nurses the proper timeframe for doing a resumption comprehensive assessment. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 6. Director of Nursing/designee will be responsible to review all resumptions to ensure they are done timely and are compliant. (Immediately & on-going) 7. Director of Nursing will instruct nurses on the proper timeframe for doing discharge comprehensive assessment. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Jan 30, 2015) 8. Director of Nursing/designee will include as part of orientation for newly hired nurses the proper timeframe for doing a discharge comprehensive assessment. Director of Nursing/designee will be responsible to monitor compliance. (Immediately &	

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	with the start of care date, whenever there is a major decline or improvement in the patient's health status, within 48 hours of (or knowledge of) transfer to an inpatient facility, within 48 hours of (or knowledge of) the patient's return home from an inpatient stay, within 48 hours of (or knowledge of) discharge from the agency, or death (for completion of OASIS document). data collected must accurately reflect the patient's status at the time of the assessment." 4. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and indicated the registered nurse in finding 1 had been terminated from employment for failure to meet agency expectations regarding RN duties.		on-going) 9. Director of Nursing/designee will review all discharge OASIS to ensure they are completed timely. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going)	
N000586	410 IAC 17-14-1(h) Scope of Services Rule 14 Sec. 1(h) Home health aides must receive continuing education. Such continuing education shall total at least twelve (12) hours from January 1 through December 31, inclusive, with a minimum of eight (8) hours in any eight (8) of the following subject areas: (1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff.			

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	(2) Observing, reporting, and documenting patient status and the care or service furnished. (3) Reading and recording temperature, pulse, and respiration. (4) Basic infection control procedures and universal precautions. (5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. (6) Maintaining a clean, safe, and healthy environment. (7) Recognizing emergencies and knowledge of emergency procedures. (8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property. (9) Appropriate and safe techniques in personal hygiene and grooming that include the following: (A) Bed bath. (B) Bath; sponge, tub or shower. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (10) Safe transfer techniques and ambulation. (11) Normal range of motion and positioning. (12) Adequate nutrition and fluid intake. (13) Medication assistance. (14) Any other task that the home health agency may choose to have the home health aide perform. Based on policy review, personnel file review, and interview, the agency failed	N000586	1. Director of Nursing/designee will review all current aide files to ensure required in-services for 2014	01/30/2015

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	to ensure home health aides (HHA) received 12 hours of continuing education, or prorated equivalent, for 12 of 23 HHA personnel files reviewed (F, G, K, M, O, R, U, V, Z, AA, BB, and CC). Findings include: 1. Agency policy "In Service Education" #601, last reviewed / revised 11-14-13, states, "4. Home Health Aides must attend twelve (12) hours of in-service program annually, but are encouraged to attend as many as possible." 2. Personnel files for HHAs Employees F, G, K, M, O, R, U, V, Z, AA, BB, and CC failed to evidence 12 hours of continuing education, or prorated equivalent for 2014. 3. On 1-13-15 at 12:30 PM, Employee B, Alternate Nurse Supervisor, verified the above findings.		were completed. (Complete by Jan 30, 2015) 2. Any aide who has not completed the required number of in-services for 2014 will be required to complete the needed in-services by January 30, 2015. Director of Nursing/designee will monitor this. (Complete by Jan 30, 2015) 3. Any aide who has not completed required in-services for 2014 by January 30, 2015 will be removed from patient care until required in-services are complete. Director of Nursing/designee will monitor this. (Complete by Jan 30, 2015) 4. Director of Nursing/designee will review in orientation of newly hired aides completing required number of in-services yearly by December 31. If required in-services are not completed by December 31, aide will be removed from patient care until those in-services are completed. (Immediately & on-going) 6. Director of Nursing will approve a 12 month in-service program compliant with required list of in-service subjects in the State Regulations. (Completed by Jan 12) 7. Director of Nursing/designee will be responsible to implement approved program. 8. Each employee will have an in-service tracking record which will be reviewed by the Director of Nursing/designee to verify completion before December 31st.	

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			All inservices will be entered on the tracking record by the Director of Nursing/designee within one week of completion of each in-service. Through this process, Director of Nursing/designee will monitor ongoing compliance. (Immediately & On-going) 9. Director of Nursing/designee will be responsible to review each aide's in-service tracking record the last week of June. Any aide who does not have documented credit for the 6 required hours will be notified of the in-services required to be current. Director of Nursing/designee will monitor home health aide compliance. (Immediately & On-going) 10. Director of Nursing/designee will review each aide's in-service record the last week in November. Any home health aide who has not completed eleven (11) in-services hours, or prorated number if hired after January, will be notified of need to complete in-services before December 31st. (Immediately & On-going) 11. Director of Nursing/designee will monitor compliance. Any aide who does not complete the required number of in-services by December 31st will be removed from the schedule until all in-services are completed. (Immediately & On-going)	
N000589	410 IAC 17-14-1(i)			

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	Scope of Services Rule 14 Sec. 1(i) During a home health aide's first year on the state's home health aide registry, the number of hours of training for that aide shall be a prorated portion of the usual twelve (12) and eight (8) hours. Based on policy review, personnel file review, and interview, the agency failed to ensure home health aides (HHA) received prorated equivalent of 12 continuing education hours in 12 months for 3 of 23 HHA personnel files reviewed (K, M, and BB). Findings include: 1. Agency policy "In Service Education" #601, last reviewed/revised 11-14-13, states "4. Home Health Aides must attend twelve (12) hours of in-service program annually, but are encouraged to attend as many as possible." 2. Personnel files for HHAs Employees K, M, and BB failed to evidence prorated equivalent of 12 hours of continuing education. 3. On 1-13-15 at 12:30 PM, Employee B, Alternate Nurse Supervisor, verified the above findings.	N000589	1. Director of Nursing/designee will review all current aide files to ensure required in-services for 2014 were completed. (Complete by Jan 30, 2015) 2. Any aide who has not completed the required number of in-services for 2014 will be required to complete the needed in-services by January 30, 2015. Director of Nursing/designee will monitor this. (Complete by Jan 30, 2015) 3. Any aide who has not completed required in-services for 2014 by January 30, 2015 will be removed from patient care until required in-services are complete. Director of Nursing/designee will monitor this. (Complete by Jan 30, 2015) 4. Director of Nursing/designee will review in orientation of newly hired aides completing required number of in-services yearly by December 31. If required in-services are not completed by December 31, aide will be removed from patient care until those in-services are completed. (Immediately & on-going)	01/30/2015

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			6. Director of Nursing will approve a 12 month in-service program compliant with required list of in-service subjects in the State Regulations. (Completed by Jan 12) 7. Director of Nursing/designee will be responsible to implement approved program. 8. Each employee will have an in-service tracking record which will be reviewed by the Director of Nursing/designee to verify completion before December 31st. All inservices will be entered on the tracking record by the Director of Nursing/designee within one week of completion of each in-service. Through this process, Director of Nursing/designee will monitor ongoing compliance. (Immediately & On-going) 9. Director of Nursing/designee will be responsible to review each aide's in-service tracking record the last week of June. Any aide who does not have documented credit for the 6 required hours will be notified of the in-services required to be current. Director of Nursing/designee will monitor home health aide compliance. (Immediately & On-going) 10. Director of Nursing/designee will review each aide's in-service record the last week in November.	

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			Any home health aide who has not completed eleven (11) in-services hours, or prorated number if hired after January, will be notified of need to complete in-services before December 31st. (Immediately & On-going) 11. Director of Nursing/designee will monitor compliance. Any aide who does not complete the required number of in-services by December 31st will be removed from the schedule until all in-services are completed. (Immediately & On-going)	
N000596	410 IAC 17-14-1(l)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and Based on policy review, personnel file review, and interview, the agency failed to ensure competencies for home health aides (HHA) were completed prior to delivering care for 4 of 23 HHA	N000596	1. Director of Nursing/designee will review skills competencies of current aides. Any aide who was identified as not have a completed skills competency completed will have one completed by an RN who meets the 2:1 requirement. They	02/06/2015

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	personnel files reviewed for competency (DD, EE, FF, GG). Findings include: 1. Agency policy "Home Health Aide Competency Evaluation", #618, last reviewed / revised 11-15-13, states, "The home health aide must complete a competency evaluation which is conducted by or under the general supervision of a qualified registered nurse ... " 2. Personnel file for HHA Employee DD contained a Certified Home Health Aide checklist dated 12-20-13, first patient contact 12-20-13, which failed to evidence the establishment of competency for Nail Care and Fluid Balance. 3. Personnel file for HHA Employee EE contained a Certified Home Health Aide checklist dated 10-16-14, first patient contact 10-16-14, which failed to evidence the establishment of competency for Mobility, Bodily Functions, and Vital Signs. 5. Personnel file for HHA Employee FF contained a Certified Home Health Aide checklist dated 12-30-13, first patient contact 12-30-13, which failed to		will not provide skills they have not been competencied on until such competency is complete. (Completed by Feb 6, 2015) 2. Director of Nursing/designee will audit 100% of HHA competencies of current aides. Any aide who has not been competencied on all skills will have a competency scheduled to complete any skills not verified. Director of Nursing/designee will verify none of those aides are performing skills that have not been verified. (Completed by Feb 6, 2015) 3. Due to 2 year preclusion this agency will not be implementing a competency program for new hires for the two year period. (Immediately and ongoing) 4. Administrator will contract with a Registered Nurse, who meets the 2:1 requirement, to implement a competency program which meets state regulation. (Immediately & On-going) 5. If an aide applies who is already on the home health aide registry, Director of Nursing/designee will contact the entity that performed the competency program. Will request agency to fax completed aide test answer sheet and skills competency checklist. Contracted RN will review documentation. Contracted RN will conduct a verbal review with aide to validate their ability. If the contracted RN	

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	evidence the establishment of competency for Bed Bath. 6. Personnel file for HHA Employee GG contained a Certified Home Health Aide checklist dated 11-7-14, first patient contact 11-7-14, which failed to evidence the establishment of competency for Bed Bath, Nail Care, and Vital Signs. 7. On 1-13-15 at 12:30 PM, Employee B, Alternate Nurse Supervisor, verified the above findings.		has concerns of the new hire's ability they will be required to enroll in this agency's contracted competency program. (Immediately & On-going) 6. Director of Nursing will schedule a supervisory visit on all newly competencied aides at their first installment in a patient's home to verify competency. (Immediately& On-going) 7. Contracted RN implementing competency program will verify competency on all required skills according to state policy (Immediately & On-going) 8. Director of Nursing/designee will review all results of contracted competency before an aide is installed in a home. Approved competency will become part of the aide employment file at that time. (Immediately & On-going) 9. Agency will evaluate need for continuing education and competency via appropriate supervisory visits and new hire will be reevaluated by agency 2:1 RN in 90 days. Inservices and additional competency will be provide as needed. (Immediately& On-going) 10. Agency intends to resume a competency program at the end of 2 year preclusion. (January 13, 2017) 11. At the time, agency will replace contracted RN with agency 2:1 RN to implement the same process described in steps	

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N000606	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. Based on clinical record review, review of policy, and interview, the agency failed to ensure supervisory visits were performed each 14 days for patients with skilled services by registered nurse (RN) and receiving home aide aide (HHA) services for 5 of 6 patients who received skilled nursing and HHA services (1, 2, 3, 5, and 9). Findings include: 1. Clinical record 1, start of care (SOC) 2-24-14, contained a physician's plan of care for certification period 10-22 to 12-20-14 with orders for skilled nursing service for generalized assessment each 30 days, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 2. Clinical record 2 , SOC 12-2-13, contained a physician's plan of care for	N000606	5-9. (January 13, 2017) 1. Director of Nursing/designee will instruct nurses on the appropriate time frames for aide supervision visits (at least every fourteen (14) days for skilled cases and at least every thirty (30) days for aide only cases). (Complete by Jan 30, 2015) 2. Director of Nursing/designee will instruct nurses that patients receiving skilled nursing services along with aide services must be supervised at least every fourteen (14) days. (Complete by Jan 30, 2015) 3. Director of Nursing/designee will include in orientation of newly hired nurses the appropriate time frames for aide supervision visits (at least every fourteen (14) days for skilled cases and at least every thirty (30) days for aide only cases) (Immediately & ongoing)	01/30/2015

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	certification period 5-31 to 7-28-14, with orders for skilled nursing service once each month for intramuscularly injection of medication, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 3. Clinical record 3 , SOC 12-2-13, contained a physician's plan of care for certification period 5-31 to 7-28-14 with orders for skilled nursing service for generalized assessment each 30 days with vital signs, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 4. Clinical record 5, SOC 6-13-14, contained a physician's plan of care for certification period 11-4-14 to 1-2-15 with orders for skilled nursing service each 2 weeks for medication supervision, supervisory visits, and HHA services. The record failed to evidence the RN performed supervisory visits of the HHA at least each 14 days. 5. Clinical record 9, SOC 1-21-14, contained a physician's plan of care for certification period 3-22-14 to 5-20-14 with orders for skilled nursing service visits once each week, and HHA services. The record failed to evidence		4. Director of Nursing/designee will include in orientation of newly hired nurses that patients receiving skilled nursing services along with aide services must be supervised at least every fourteen (14) days. (Immediately & ongoing) 5. Director of Nursing/designee will audit ten (10) percent of all nursing documentation weekly to ensure aide supervision visits are being done as required. (Immediately & ongoing) 6. Director of Nursing/designee will be responsible to monitor for compliance of aide supervision requirement. (Immediately & On-going)	

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(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
	the RN performed supervisory visits of the HHA at least each 14 days. 6. Clinical record 6, start of care 5-29-14, included a plan of care for the certification period of 5-29 to 7-17-14, with orders for HHA services only. The record failed to evidence the RN performed supervisory visits of the HHA at least each 30 days during the certification period reviewed. 7. Agency policy "Nurse Supervision", #608, last reviewed / revised 11-15-13, states "6. Home Health Aides will be supervised on at least every 14 days for a skilled case by an RN, or every 30 days for Home Health Aide only case." 8. On 1-13-15 at 1:30 PM, Employee A, Nursing Supervisor, verified the above findings and indicated the agency had not classified patients 1 and 10 as skilled cases. Employee A had not classified these cases as skilled although the RN was performing more than certification, recertification, and supervisory visits which warranted classification as a skilled case.			
N000608	410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2015

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	containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows: (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. Based on clinical record review, review of policy, and interview, the agency failed to ensure clinical records included all client visit notes for 4 of 10 records reviewed (5, 6, 7, and 10); failed to ensure referral forms were completed to include date of referral for 4 of 10 records reviewed (2, 3, 4 and 10); failed to ensure all plans of care were in the clinical record for 1 of 10 records reviewed (1); and failed to ensure only original visit notes were placed in the client record for 1 of 10 (9) clinical records reviewed. Findings include: 1. Clinical record 1, start of care (SOC)	N000608	1. Director of Nursing/designee will instruct agency staff to place a copy of Plan of Care (485) in chart immediately when created. POC will be faxed to physician and when returned with signature will be placed in chart. Copy of verbal order will be placed in chart when received to cover services provided until signed POC is returned. (Complete by Feb 6, 2015) 2. Director of Nursing/designee will audit ten (10) percent of charts monthly to ensure there is a copy of the Plan of Care (485) and verbal order whether signed or unsigned. (Immediately & on-going) 3. Director of Nursing/designee will in-service staff, who take referrals, on need	02/28/2015

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	10-22-14, included a plan of care for the certification period of 10-22 to 12-20-14, with orders for skilled nursing (SN) and home health aide (HHA) services. The record failed to evidence the plan of care in the clinical record or evidence the plan of care had been sent to the physician for authorization for the certification period 6-24 to 8-22-14. 2. Clinical record 2, start of care (SOC) 12-2-13, included a physician's plan of care for certification period 12-2-13 to 1-30-14 with orders for SN and HHA services. The date of the referral was blank on the referral form. 3. Clinical record number 3, SOC 12-3-13, contained a plan of care from 5-31 to 7-29-14 with orders for SN and HHA services. The date of the referral was blank on the referral form. 4. Clinical record 4, SOC 10-3-14, contained a plan of care from 12-2-14 to 1-30-15 with orders for SN and HHA services. The date of the referral was blank on the referral form. 5. Clinical record 5, SOC 8-8-13, included a plan of care for the certification period of 11-4-14 to 1-2-15 with orders for services for skilled nursing and HHA services. The clinical		to complete referral form and date it. (Immediately & On-going) 4. Director of Nursing/designee will be responsible to review referral forms to ensure they are dated. (Immediately & on-going) 5. Director of Nursing/designee will implement a tracking form to ensure aide visits are made as ordered or a missed visit report is created. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Feb 6, 2015 & On-going) 6. Director of Nursing/designee will track all aide visits for one (1) month to monitor for compliance. (Complete by Feb 6, 2015) 7. Beginning February 7, 2015 Director of Nursing/designee will randomly audit ten (10) percent of aide visit notes monthly to monitor compliance of correct number of aide visits being done weekly. (Starting March 1, 2015 & on-going) 8. Director of Nursing/designee will instruct clinical staff that original documentation is to be submitted, not photocopies. If a photocopy is submitted, Director of Nursing/designee will speak with employee and request the original documentation. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going)	

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	record failed to evidence home health aide visit notes from 11-2 to 11-7-14. 6. Clinical record 6, SOC 2-28-14, included a plan of care for the certification period of 12-25-14 to 2-22-15 with orders for HHA services. The clinical record failed to evidence home health aide visit notes from 12-21 to 12-27-14. 7. Clinical record 7, SOC 10-23-14, included a plan of care for the certification period of 12-22-14 to 2-9-15 with orders for HHA services. The clinical record failed to evidence home health aide visit notes from 12-21 to 12-27-14. 8. Clinical record 9, SOC 1-21-14, included a plan of care for the certification period of 3-22-14 to 5-20-14 with orders for SN and HHA services. The clinical record failed to evidence home health aide visit notes from 3-18 to 3-28-14. HHA visit notes from weeks ending 3-30, 4-6, 4-13, 5-11, and 5-18-14 were photocopies. The dates and times on these photocopies were illegible. 9. Clinical record 10, SOC SOC 11-8-13, included a plan of care for the certification period of 11-3-14 to 1-1-15 with orders for SN and HHA services.		9. Director of Nursing/designee will include in orientation of newly hired staff that original documentation is to be submitted, not photocopies. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 10. RN case managers will be inserviced regarding necessity of only original documentation being placed in patient charts. RN case managers will review all documentation to ensure originals, not photocopies, are submitted. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going) 11. Director of Nursing/designee will instruct staff on the requirement to have clinical documentation filed in patient's charts within fourteen (14) days. Director of Nursing/designee will be responsible to monitor compliance. (Complete by Feb 6, 2015) 12. Director of Nursing/designee will instruct staff on submitting legible documentation. Any documentation submitted that is not legible will be returned for employee to rewrite. Director of Nursing/designee will be responsible to monitor compliance. (Immediately & on-going)	

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	The date of the referral was blank on the referral form and the clinical record failed to evidence HHA visit notes after 12-13-14 (21 days prior to record review). 10. Agency policy "Client Records", #404, last reviewed/revised 12-31-13 states, "Purpose: To establish and maintain a client record system to assure that the care and services provided to each client are completely and accurately documented, readily accessible and systematically organized to facilitate the compliance and retrieval of information ... The agency will establish a record for each client and maintain each record with the required information according to regulation ... " 11. On 1-13-15 at 1:30 PM, Employee A, Nurse Supervisor, verified the above findings and was unable to produce original HHA visit notes for the times indicated for clinical record 9, indicated the clinical records were missing visit notes, visit notes were not consistently filed within 14 days as per agency policy, clinical records were not complete, contained photocopies, failed to be legible, and were not readily retrievable.			