

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/25/2012
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NAME OF PROVIDER OR SUPPLIER  AMEDISYS HOME HEALTH OF MUNSTER	STREET ADDRESS, CITY, STATE, ZIP CODE 931 RIDGE RD STE E & F MUNSTER, IN 46321
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G0000	<p>This visit was for a home health federal recertification survey. The survey was partially extended on 9/24/12.</p> <p>Facility #: IN010149.</p> <p>Medicaid Vendor #: 200461620</p> <p>Dates of Survey: September 17, 18, 20, 21, 24, and 25, 2012.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Unduplicated Census: 1338. Number of records reviewed: 24. Number of active records reviewed: 20. Number of closed records reviewed: 4.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 26, 2012</p> <p>This Survey was modified as a result of internal review on 10/5/12.-kh</p>	G0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G0229	<p><b>484.36(d)(2) SUPERVISION</b> 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.</p> <p>Based on clinical record review and interview, the agency failed to ensure the registered nurse completed a supervisory visit of the home health aide every 14 days in 2 of 24 records reviewed of patients who received skilled and home health aide services for longer than 14 days (#22, #23) with the potential to affect all patients of the agency who receive home health aide services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Clinical Record #22, start of care 4-6-12, included a plan of care for the certification period 8-4-12 to 10-02-12 with orders for skilled nursing care and home health aide services. The record failed to evidence a Home Health Aide supervisory visit had been completed between 8-4-12 and 8-27-12.</li> <li>Clinical record #23, start of care 8-19-12, included a plan of care for the certification period 8-19-12 to 10-17-12 with orders for skilled nursing care and home health aide services. The record</li> </ol>	G0229	<p><b>CORRECTIVE ACTION:</b> The agency implemented the following process on 10/01/12 to assure the Registered Nurse, or Physical Therapist in the absence of skilled nursing services, performs an on-site supervisory visit for patients receiving Home Health Aide services no less frequently than every 14 calendar days:</p> <ol style="list-style-type: none"> <li>The Clinical Managers (CM) will receive a daily report on any patients admitted, resumed or recertified that day, and will review all supplemental/verbal orders with frequency changes for all disciplines daily via the CM dashboard in the electronic medical record system.</li> <li>Based on the daily report, the CM will complete a new, resumed or recert episode calendar to include all disciplines with ordered frequencies and forward a copy of the calendar to the scheduler.</li> <li>Working from the new, resumed or recert episode calendar copy, the scheduler will assign Home Health Aide Supervision coded visits to the RN/Case Manager every 14 calendar days, and include in daily comments that visits cannot be moved beyond the 14 th day</li> </ol>	10/01/2012			

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	<p>failed to evidence a Home Health Aide supervisory visit had been completed between 8-23-12 and 9-10-12.</p> <p>3. Interview with Employee B on 9-24-12 at 2:54 PM CST, the employee indicated there was no documentation available to support the supervisory visits occurred. Employee B indicated not being sure whether there was an agency policy related to home health aide supervisory visits, but the agency's practice was that supervisory visits were every fourteen (14) days for patients receiving skilled and home health aide services. Employee B was unable to locate a policy.</p>		<p>deadline.</p> <p>4. When reviewing the new, resumed, or recertified patient's Plan of Care, the CM verifies the aide supervisory visits are scheduled every 14 calendar days with comments on the RN/Case Manager's schedule.</p> <p>5. The CMs will notify the scheduler when a supplemental/verbal order changes the assigned RN/Case Manager for supervisory visits, and will verify schedule changes are completed and communicated to field clinicians.</p> <p>6. RN/Case Managers verify planned visits daily with the scheduler in the morning, and confirm visits were performed as scheduled at the end of the day, with any deviation from schedule with a missed supervisory visit is immediately reported to the Director of Clinical Operations.</p> <p>7. The Director of Clinical Operations or designated CM will investigate schedule deviations and report findings to the Administrator.</p> <p>8. The Administrator and Director of Clinical Operations will follow HR policy and process for counseling clinicians when schedule deviations include missed supervisory visits that were avoidable.</p> <p>COMPLETION DATE: 10/01/12, and on-going.</p> <p>MONITORING: As of 10/01/12</p>		

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			and On-going. 1. The Business Office Specialist will audit 100% of the RN/Case Manager activity logs and verify all visit records coded as Home Health Aide Supervision contain the required documentation in the aide supervisory section, or will immediately notify the Director of Clinical Operations/CM when discrepancies are noted. 2. The Director of Clinical Operations or designee will conduct weekly schedule audits during the 4 th Quarter, 2012 to ensure 100% compliance is achieved and maintained.		

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N0000	<p>This visit was for a state home health agency relicensure survey.</p> <p>Survey Dates: September 17, 18, 20, 21, 24, and 25, 2012.</p> <p>Facility #: 10149.</p> <p>Medicaid Vendor #: 200461620.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Unduplicated Census: 1338. Number of records reviewed: 24. Number of active records reviewed: 20. Number of closed records reviewed: 4.</p> <p>Amedisys Home Health of Munster is in compliance with the Indiana state rules for home health licensure 410 IAC Article 17.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 26, 2012</p> <p>This survey was modified as a result of internal review on 10/5/12.-kh</p>	N0000			

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