

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/06/2012
NAME OF PROVIDER OR SUPPLIER OCCAZIO HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 501 BROAD STREET NEW CASTLE, IN47362		
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G0000	<p>This was an initial federal Home Health Medicaid certification survey. This was a parital extended survey.</p> <p>Survey Dates: January 3, 4, 5, and 6, 2012</p> <p>Facility #: 012692</p> <p>Medicaid Vendor #: Application</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>Census: Skilled Patients 8 Home Health Aide Only Patients 0 Total 8</p> <p>RR w/ HV: 3 RR w/o HV: 7 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 9, 2012</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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G0101	<p>The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights. Based on admission document and clinical record review and interview, the agency failed to ensure patients were informed of all their rights prior to the rendering of care in 10 of 10 clinical records reviewed with the potential to affect all the patients of the agency. (# 1 through 10)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The agency admission packet failed to evidence it contained all of the rights of the patient. 2. Clinical records 1-10 revealed the patient nor their guardian had been notified of the agency's responsibility to document and investigate complaints and the resolution of the complaints. 3. On January 4, 2011, at 3:45 PM, the administrator / director of nursing indicated the agency admission documents failed to inform the patients the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone 	G0101	<p>Correction: The Admission Packet document titled "How To Make A Complaint" was modified (see attachment #1) to include the following statement: The Director of Clinical Services will conduct an investigation of the complaint and develop a plan of resolution which will be presented to you or your representative. Occazio Home Health will keep a record of the complaint, investigation and resolution and include it in its quality improvement program. The Admission Packet document titled "Your Rights and Responsibilities as a Health Care Patient" was modified (see attachment #2) to include the following: 15. Voice a complaint regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of Occazio Home Health and not be subjected to discrimination or reprisal for doing so. (See "How To Make A Complaint" for more information.)</p> <p>6. In addition to any other required discharge documents, Occazio will provide you and/or your representative with a notice of discharge of services at least five (5) calendar days before the services are stopped. The five (5) calendar day notice does not apply in the following</p>	01/20/2012			

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	furnishing services on behalf of the agency, and to investigate and document the resolution of the complaint.		circumstances: (1) The health, safety, and/or welfare of Occazio Home Health employees would be at immediate and significant risk if the Agency continued to provide services. (2) You refuse Occazio Home Health's services. (3) Your services are no longer reimbursable based on applicable reimbursement requirements and Occazio Home Health informs you of community resources to assist you following discharge; or 4) You no longer meet applicable regulatory criteria, such as lack of physician's order, and Occazio Home Health informs you of community resources to assist you following discharge. Occazio Home Health will continue, in good faith, to attempt to provide services during the five (5) day period described above. If Occazio Home Health cannot provide such services during that period, its continuing attempts to provide the services will be documented. The Admission Packet document titled "Patient Discharge Process" (see attachment #3) was modified to include the following: 7. In addition to any other required discharge documents, Occazio will provide you and/or your representative with a notice of discharge of services at least five (5) calendar days before the services are stopped. The five (5) calendar day notice does not apply in the following circumstances: (1) The health,		

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			<p>safety, and/or welfare of Occazio Home Health employees would be at immediate and significant risk if the Agency continued to provide services. (2) You refuse Occazio Home Health's services. (3) Your services are no longer reimbursable based on applicable reimbursement requirements and Occazio Home Health informs you of community resources to assist you following discharge; or 4) You no longer meet applicable regulatory criteria, such as lack of physician's order, and Occazio Home Health informs you of community resources to assist you following discharge. Occazio Home Health will continue, in good faith, to attempt to provide services during the five (5) day period described above. If Occazio Home Health cannot provide such services during that period, its continuing attempts to provide the services will be documented. All current patients will be presented the revised Admission Packet documents. Prevention: 100% of all admissions for the next 90 days will be audited to be sure the proper documents are included in the Admission Packet and presented to the patient/representative. Audits to be performed through 4/5/2012. The Administrator/Director of Clinical Services (DCS) is responsible for compliance.</p>	

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G0107	<p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on interview and review of admission documents and clinical records, the agency failed to ensure the patients were informed that the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of complaints for 10 of 10 clinical records reviewed with the potential to affect all the patients of the agency. (1-10)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The agency admission packet failed to evidence it contained all of the rights of the patient. 2. Clinical records 1-10 revealed the patient nor their guardian had been notified of the agency's responsibility to document and investigate complaints and the resolution of the complaints. 	G0107	<p>Correction: The Admission Packet document titled "How To Make A Complaint" was modified (see attachment #1) to include the following statement: The Director of Clinical Services will conduct an investigation of the complaint and develop a plan of resolution which will be presented to you or your representative. Occazio Home Health will keep a record of the complaint, investigation and resolution and include it in its quality improvement program. The Admission Packet document titled "Your Rights and Responsibilities as a Health Care Patient" was modified (see attachment #2) to include the following: 15. Voice a complaint regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of Occazio Home Health and not be subjected to discrimination or reprisal for doing so. (See "How To Make A Complaint" for more information.)</p> <p>All current patients will be presented the revised Admission Packet documents. Prevention: 100% of all admissions for the</p>	01/20/2012			

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G0111	<p>3. On January 4, 2011, at 3:45 PM, the administrator / director of nursing indicated the agency admission documents failed to inform the patients the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of the complaint.</p> <p>The patient has the right to confidentiality of the clinical records maintained by the HHA. Based on interview and review of agency admission documents and agency contracts, the agency failed to ensure the confidentiality of the patient information contained in the clinical record in 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings Include:</p> <p>1. On January 5, 2012, at 1:15 PM, the administrator / DON denied having computer access and ability to transmit OASIS data and that the initial oasis</p>	G0111	<p>next 90 days will be audited to be sure the proper documents are included in the Admission Packet and presented to the patient/representative. Audits to be performed through 4/5/2012. Administrator/DCS is responsible for compliance.</p> <p>Correction: The Administrator/DCS has access via her computer, a password and an account, to transmit OASIS data, effective 1/11/2012. A request for an account and password has been made for the alternate Administrator/alternate DCS to be able to transmit OASIS data from her computer, effective 1/11/2012. Occazio has stopped printing and using Page 31, titled Timeslip/Consent, of the comprehensive assessment-OASIS document. Effective 1/6/2012. The contract with ContinuumLink will be modified to include a statement that</p>	01/27/2012			

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	<p>transmission was sent from the corporate office, during a training session with IT (information technology) and the billing department at the corporate office (was not sure of the specific names) was to be encoding and transmitting the OASIS data. The administrator / director of nursing and the alternate administrator / alternate director of nursing denied they had an account, password, or any access to a program for which the agency would transmit the OASIS data.</p> <p>2. The agency's admission packet, page 20, states, "NOTICE OF PRIVACY PRACTICES ... disclose your health information to contact you ... as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted). FOR FUNDRAISING ACTIVITIES. The agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the agency." The consent documents signed by patients 1 through 10 at the start of care failed to disclose that the patient's health information would include for fundraising purposes.</p> <p>3. On January 3, 2011, at 3:45 PM, the administrator indicated the agency was using a Internet based software program</p>		<p>ContinuLink is to encode and keep the OASIS data confidential and secure, effective 1/16/2012 (see attachment #6). The document titled "Service Agreement" was modified (see attachment revision of POC #4) to include the following: <u>RELEASE OF INFORMATION</u>. I acknowledge receipt of the Notice Of Privacy Practices and was given an opportunity to ask questions and voice concerns. I understand my right to request restrictions on certain uses and disclosures of my health information. I understand that the agency may use or disclose my protected health information to carry out treatment, payment or health care operations. The agency may release information to or receive information from insurance companies, health plans, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of my bill for services; any person or entity affiliated with or representing for purpose of administration, billing and quality and risk management; any hospital, nursing home or other health care facility to which I may be/have been admitted; any assisted living or personal care facility of which I am a resident; any physician providing my care; family members and other caregivers who are part of my plan of care; licensing and</p>				

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G0121	<p>called ContinuumLink for assessments including the OASIS data set and skilled nurse visit notes, and the agency's access to the patient's clinical records are via the Internet.</p> <p>4. The agency's contract with "ContinuumLink" titled "Software and Services Agreement" failed to evidence they were to encode and keep the OASIS data confidential and secure.</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. Based on observation, interview, and review of agency policy, the agency failed to ensure employees provided services in accordance with the agency's infection control policies and procedures and the Centers for Disease Control "Standard Precautions" in 1 (employee C) of 3 employees observed during home visits</p>	G0121	<p>accrediting bodies, and other health care providers in order to initiate treatment. The document titled "Notice Of Privacy Practices" was modified to remove any reference to fundraising (see attachment revision of POC #8). All current patients will be presented the revised Service Agreement and Notice of Privacy Practices documents by 1/27/2012. Prevention: The Administrator/DCS will conduct an annual review of the contract with ContinuumLink to ensure compliance with the OASIS encoding and confidentiality/security statement. Annual review by 12/31/2012. 100% of all admissions for the next 90 days will be audited to be sure the proper document, Service Agreement, is utilized. Audits to be performed through 4/5/2012. Administrator/DCS is responsible for compliance.</p> <p>Correction: The Administrator/DCS will re-educate all direct patient care employees on the "Infection Prevention and Control Policy" and standard/universal precautions and administer a post test. The home health aide supervisory visit form was revised to include the following criteria: The HHA</p>	01/20/2012			

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	<p>creating the potential for the transfer of disease causing organisms among the five patients to which the employee rendered care, the patients family members, and the staff that provided care to the patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The policy titled "Infection Prevention and Control Policy" dated 9/1/11 states, "Occazio Home Health will observe the recommended precautions for home care as identified for Centers for Disease Control and Prevention (CDC)." 2. The Centers for Disease Control "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" states, " IV. Standard Precautions . . . IV.A. Hand Hygiene. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . . IV.A.3. Perform hand hygiene: . . . IV.A.3.b. After contact with excretions, mucous membranes, . . . IV.A.3.d. If hands will be moving from a contaminated body site to a clean body site during patient care." 		<p>follows universal precautions and infection control standards as required. Prevention: An RN will perform at least one supervisory visit per month, January 20, 2012– March 31, 2012, with the aide present to complete the supervisory visit. The Administrator/DCS is responsible for compliance.</p>				

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G0136	<p>3. During a home visit on 1/5/11 at 2 PM, employee C, a home health aide, was observed to complete a shower bath on patient # 2. The employee was observed to wash her hands and then don a pair of gloves and assist the patient with undressing and showering. The aide washed the patient's perineum and buttocks, dried the patient, applied lotion to the patient's skin, applied clean clothes, shaved the patient with a disposable razor, then assisted the patient with oral care which included handling the toothbrush several times, all while wearing the same pair of gloves and not completing any hand hygiene.</p> <p>4. On 1/5/11 at 3:30 PM, the administrator indicated that the aide did not follow standards infection control policies and procedures.</p> <p>5. On 1/6/12 at 12 PM, the administrator indicated the personnel file of employee C failed to evidence the employee received education on infection control procedures but had reviewed all the infection control policies.</p> <p>The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, implements an effective budgeting and accounting system.</p>						

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	<p>Based on administrative document and agency policy review and interview, the administrator failed to implement a budgeting and accounting system for the previous and current fiscal year ending 12/31.</p> <p>Findings include:</p> <p>1. On 1/6/12 at 12 PM, the administrator indicated the budget was created by corporate officers prior to the administrator hire date of 9/23/11.</p> <p>2. The policy titled "HH-Governing - B140" with effective date 9/1/11 states, "Occazio Home Health, under the direction of the Governing Body, shall prepare an overall plan and budget. This will include an annual operating budget and a long term capital expenditure plan. ... The administrator in consultation with the contracted CPA firm, [name], is responsible for reviewing budget expenses and revenue, and as appropriate, the capital expenditure plan."</p> <p>4. The multiple page document titled "Financial Projections" dated 9/8/11 evidenced the budget was reviewed and approved by the members of the governing body during a meeting of the governing body on 9/8/11. The administrator was not part of this meeting</p>	G0136	<p>Correction: The Administrator/DCS will consult with the contracted CPA firm to review and make any necessary revisions to the budget and review any need for a capital expenditure plan, and develop one, if necessary. This consultation will be documented and any necessary revisions to the budget/capital expenditure plan will be presented to the governing body. Prevention: The Administrator/DCS will consult with the contracted CPA firm annually on the budget and capital expenditure plan and develop recommendations for such to the governing body. Annual meeting by 12/31/2012. The Administrator/DCS is responsible for compliance.</p>	02/05/2012			

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G0337	<p>as there was no agency administrator at the time of the meeting.</p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based upon clinical record and policy review, and interview, the agency failed to ensure the comprehensive assessment included a review of all the patient's medications at the start of care for 3 (# 2, 4, and 9) of 10 clinical records reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record review # 2, start of care (SOC) 11/9/11, failed to evidence a medication review had been completed as part of the certification comprehensive assessment for the certification period beginning 11/9/11. Clinical record # 4, SOC 12/1/11, failed to evidence a medication review had been completed as part of the certification comprehensive assessment for the certification period beginning 12/1/11. 	G0337	<p>Correction:</p> <p>All RNs will be re-educated on the proper interpretation of M0090 of the OASIS assessment and the process for drug regimen review and how it fits in with the M0090 date.</p> <p>Any current patients without proper documentation (RN signature) of a drug regimen review will have a drug regimen review completed again with documentation of the review in the form of the RN signature.</p> <p>Prevention:</p> <p>100% of charts will be audited for the next 90 days for compliance with drug regimen review process and documentation requirements. Audits to be</p>	01/20/2012			

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N0448	<p>3. Clinical record # 9, SOC 11/17/11, failed to evidence a medication review had been completed as part of the certification comprehensive assessment for the certification period beginning 11/17/11.</p> <p>4. The policy titled "Comprehensive Client Assessment C 145" states, "The comprehensive assessment will include a review of all medications ... this assessment will identify potential adverse side effects, significant drug interactions, duplicate drug therapy, and non compliance with therapy."</p> <p>5. On January 6, 2011, at 11:13 AM, employee B indicated she was new to home health and the computer based program and the staff were not aware the requirement was not documented as completed at the time the comprehensive assessment was completed.</p> <p>Rule 12 Sec. 1(c)(5) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (5) Implement a budgeting and accounting system. Based on administrative document and agency policy review and interview, the administrator failed to implement a budgeting and accounting system for the previous and current fiscal year ending</p>	N0448	<p>performed through 4/5/2012. The Administrator/DCS is responsible for compliance.</p> <p>Correction: The Administrator/DCS will consult with the contracted CPA firm to review and make any necessary revisions to the budget and review any need for a capital</p>	02/05/2012			

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	<p>12/31.</p> <p>Findings include:</p> <p>1. On 1/6/12 at 12 PM, the administrator indicated the budget was created by corporate officers prior to the administrator hire date of 9/23/11.</p> <p>2. The policy titled "HH-Governing - B140" with effective date 9/1/11 states, "Occazio Home Health, under the direction of the Governing Body, shall prepare an overall plan and budget. This will include an annual operating budget and a long term capital expenditure plan. ... The administrator in consultation with the contracted CPA firm, [name], is responsible for reviewing budget expenses and revenue, and as appropriate, the capital expenditure plan."</p> <p>4. The multiple page document titled "Financial Projections" dated 9/8/11 evidenced the budget was reviewed and approved by the members of the governing body during a meeting of the governing body on 9/8/11. The administrator was not part of this meeting as there was no agency administrator at the time of the meeting.</p>		<p>expenditure plan, and develop one, if necessary. This consultation will be documented and any necessary revisions to the budget/capital expenditure plan will be presented to the governing body. Prevention: The Administrator/DCS will consult with the contracted CPA firm annually on the budget and capital expenditure plan and develop recommendations for such to the governing body. Annual meeting by 12/31/2012. The Administrator/DCS is responsible for compliance.</p>				

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N0470	<p>Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on observation, interview, and review of agency policy, the agency failed to ensure employees provided services in accordance with the agency's infection control policies and procedures and the Centers for Disease Control "Standard Precautions" in 1 (employee C) of 3 employees observed during home visits creating the potential for the transfer of disease causing organisms among the five patients to which the employee rendered care, the patients family members, and the staff that provided care to the patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The policy titled "Infection Prevention and Control Policy" dated 9/1/11 states, "Occazio Home Health will observe the recommended precautions for home care as identified for Centers for Disease Control and Prevention (CDC)." 2. The Centers for Disease Control "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" states, " IV. Standard Precautions . . . IV.A. Hand Hygiene. During the delivery of healthcare, avoid unnecessary 	N0470	<p>Correction: The Administrator/DCS will re-educate all direct patient care employees on the "Infection Prevention and Control Policy" and standard/universal precautions and administer a post test. The home health aide supervisory visit form was revised to include the following criteria: The HHA follows universal precautions and infection control standards as required. Prevention: An RN will perform at least one supervisory visit per month, January 20, 2012 – March 31, 2012, with the aide present to complete the supervisory visit. The Administrator/DCS is responsible for compliance.</p>	01/20/2012			

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	<p>touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . .</p> <p>IV.A.3. Perform hand hygiene: . . .</p> <p>IV.A.3.b. After contact with excretions, mucous membranes, . . . IV.A.3.d. If hands will be moving from a contaminated body site to a clean body site during patient care."</p> <p>3. During a home visit on 1/5/11 at 2 PM, employee C, a home health aide, was observed to complete a shower bath on patient # 2. The employee was observed to wash her hands and then don a pair of gloves and assist the patient with undressing and showering. The aide washed the patient's perineum and buttocks, dried the patient, applied lotion to the patient's skin, applied clean clothes, shaved the patient with a disposable razor, then assisted the patient with oral care which included handling the toothbrush several times, all while wearing the same pair of gloves and not completing any hand hygiene.</p> <p>4. On 1/5/11 at 3:30 PM, the administrator indicated that the aide did not follow standards infection control policies and procedures.</p>						

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N0488	<p>5. On 1/6/12 at 12 PM, the administrator indicated the personnel file of employee C failed to evidence the employee received education on infection control procedures but had reviewed all the infection control policies.</p> <p>Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least five (5) calendar days before the services are stopped.</p> <p>(j) The five (5) day period described in subsection (i) of this rule does not apply in the following circumstances:</p> <p>(1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient.</p> <p>(2) The patient refuses the home health agency's services.</p> <p>(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or</p> <p>(4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p> <p>Based on clinical record and patient rights document review and interview, the agency failed to ensure the patient was informed of their right to a 5-day notice of</p>	N0488	Correction: The Admission Packet document titled "Patient Discharge Process" (see attachment #3) was modified to include the following: 7. In	01/20/2012	

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	<p>discharge in 10 of 10 clinical records reviewed. (1-10)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The agency admission packet contained multiple documents including documents titled "Client Discharge Process" and "Home Care Bill of Rights." The admission packet failed to evidence the patient was informed of their right to a 5-day notice of discharge. 2. Clinical records 1-10 revealed the patient nor their guardian had been notified of the the right to a 5-day notice of discharge. 3. On January 4, 2011, at 2:20 PM, the administrator / director of nursing indicated the patient rights document failed to evidence patients were informed of their right to a 5-day notice of discharge. 		<p>addition to any other required discharge documents, Occazio will provide you and/or your representative with a notice of discharge of services at least five (5) calendar days before the services are stopped. The five (5) calendar day notice does not apply in the following circumstances: (1) The health, safety, and/or welfare of Occazio Home Health employees would be at immediate and significant risk if the Agency continued to provide services. (2) You refuse Occazio Home Health's services. (3) Your services are no longer reimbursable based on applicable reimbursement requirements and Occazio Home Health informs you of community resources to assist you following discharge; or 4) You no longer meet applicable regulatory criteria, such as lack of physician's order, and Occazio Home Health informs you of community resources to assist you following discharge. Occazio Home Health will continue, in good faith, to attempt to provide services during the five (5) day period described above. If Occazio Home Health cannot provide such services during that period, its continuing attempts to provide the services will be documented. All current patients will be presented the revised Admission Packet documents. Prevention: 100% of all admissions for the next 90 days will be audited to be</p>				

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N0506	<p>Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (iii) The home health agency shall advise the patient of any change in the plan of care, including reasonable discharge notice. Based on clinical record and patient rights document review and interview, the agency failed to ensure the patient was informed of their right to a 5-day notice of discharge in 10 of 10 clinical records reviewed. (1-10)</p> <p>Findings include:</p> <ol style="list-style-type: none"> The agency admission packet contained multiple documents including documents titled "Client Discharge Process" and "Home Care Bill of Rights." The admission packet failed to evidence the patient was informed of their right to a 5-day notice of discharge. Clinical records 1-10 revealed the patient nor their guardian had been 	N0506	<p>sure the proper documents are included in the Admission Packet and presented to the patient/representative. Audits to be performed through 4/5/2012. The Administrator/Director of Clinical Services (DCS) is responsible for compliance.</p> <p>The Admission Packet document titled "Your Rights and Responsibilities as a Health Care Patient" was modified (see attachment #2) to include the following: 6. In addition to any other required discharge documents, Occazio will provide you and/or your representative with a notice of discharge of services at least five (5) calendar days before the services are stopped. The five (5) calendar day notice does not apply in the following circumstances: (1) The health, safety, and/or welfare of Occazio Home Health employees would be at immediate and significant risk if the Agency continued to provide services. (2) You refuse Occazio Home Health's services. (3) Your services are no longer reimbursable based on applicable</p>	01/20/2012			

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	<p>notified of the the right to a 5-day notice of discharge.</p> <p>3. On January 4, 2011, at 2:20 PM, the administrator / director of nursing indicated the patient rights document failed to evidence patients were informed of their right to a 5-day notice of discharge.</p>		<p>reimbursement requirements and Occazio Home Health informs you of community resources to assist you following discharge; or 4) You no longer meet applicable regulatory criteria, such as lack of physician's order, and Occazio Home Health informs you of community resources to assist you following discharge. Occazio Home Health will continue, in good faith, to attempt to provide services during the five (5) day period described above. If Occazio Home Health cannot provide such services during that period, its continuing attempts to provide the services will be documented. All current patients will be presented the revised Admission Packet documents. Prevention: 100% of all admissions for the next 90 days will be audited to be sure the proper documents are included in the Admission Packet and presented to the patient/representative. Audits to be performed through 4/5/2012. The Administrator/Director of Clinical Services (DCS) is responsible for compliance.</p>				

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N0508	<p>Rule 12 Sec. 3(b)(2)(E) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records. Based on interview and review of agency admission documents and agency contracts, the agency failed to ensure the confidentiality of the patient information contained in the clinical record in 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings Include:</p> <p>1. On January 5, 2012, at 1:15 PM, the administrator / DON denied having computer access and ability to transmit OASIS data and that the initial oasis transmission was sent from the corporate office, during a training session with IT (information technology) and the billing department at the corporate office (was not sure of the specific names) was to be encoding and transmitting the OASIS data. The administrator / director of nursing and the alternate administrator / alternate director of nursing denied they had an account, password, or any access to a program for which the agency would</p>	N0508	<p>Correction: The Administrator/DCS has access via her computer, a password and an account to transmit OASIS data. Effective 1/11/2012 A request for an account and password has been made for the alternate Administrator/alternate DCS to be able to transmit OASIS data from her computer. Effective 1/11/2012. Occazio has stopped printing and using Page 31, titled Timeslip/Consent, of the comprehensive assessment-OASIS document, effective 1/6/2012. The contract with ContinuLink will be modified to include a statement that ContinuLink is to encode and keep the OASIS data confidential and secure effective 1/16/2012 (see attachment #6). The document titled "Service Agreement" was modified (see attachment revision of POC #4) to include the following: <u>RELEASE OF INFORMATION</u> I acknowledge receipt of the Notice Of Privacy Practices and was given an opportunity to ask questions and voice concerns. I understand my right to request</p>	01/27/2012			

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	<p>transmit the OASIS data.</p> <p>2. The agency's admission packet, page 20, states, "NOTICE OF PRIVACY PRACTICES ... disclose your health information to contact you ... as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted). FOR FUNDRAISING ACTIVITIES. The agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the agency." The consent documents signed by patients 1 through 10 at the start of care failed to disclose that the patient's health information would include for fundraising purposes.</p> <p>3. On January 3, 2011, at 3:45 PM, the administrator indicated the agency was using a Internet based software program called ContinuumLink for assessments including the OASIS data set and skilled nurse visit notes, and the agency's access to the patient's clinical records are via the Internet.</p> <p>4. The agency's contract with "ContinuumLink" titled "Software and Services Agreement" failed to evidence they were to encode and keep the OASIS data confidential and secure.</p>		<p>restrictions on certain uses and disclosures of my health information. I understand that the agency may use or disclose my protected health information to carry out treatment, payment or health care operations. The agency may release information to or receive information from insurance companies, health plans, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of my bill for services; any person or entity affiliated with or representing for purpose of administration, billing and quality and risk management; any hospital, nursing home or other health care facility to which I may be/have been admitted; any assisted living or personal care facility of which I am a resident; any physician providing my care; family members and other caregivers who are part of my plan of care; licensing and accrediting bodies, and other health care providers in order to initiate treatment. The document titled "Notice Of Privacy Practices" was modified to remove any reference to fundraising (see attachment revision of POC #8). All current patients will be presented the revised Service Agreement and Notice of Privacy Practices documents by 1/27/2012. Prevention: The Administrator/DCS will conduct</p>				

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N0514	<p>Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on interview and review of admission documents and clinical records, the agency failed to ensure the patients were informed that the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of</p>	N0514	<p>an annual review of the contract with ContinuLink to ensure compliance with the OASIS encoding and confidentiality/security statement. Annual review: 12/31/2012. 100% of all admissions for the next 90 days will be audited to be sure the proper document, Service Agreement, is utilized. Audits to be performed through 4/5/2012. Administrator/DCS is responsible for compliance.</p> <p>Correction: The Admission Packet document titled "How To Make A Complaint" was modified (see attachment #1) to include the following statement: The Director of Clinical Services will conduct an investigation of the complaint and develop a plan of resolution which will be presented to you or your representative. Occazio Home Health will keep a record of the complaint, investigation and resolution and include it in its quality improvement program. The Admission Packet document titled</p>	01/20/2012			

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N0597	<p>complaints for 10 of 10 clinical records reviewed with the potential to affect all the agency's patients. (1-10)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The agency admission packet failed to evidence it contained all of the rights of the patient. 2. Clinical records 1-10 revealed the patient nor their guardian had been notified of the agency's responsibility to document and investigate complaints and the resolution of the complaints. 3. On January 4, 2011, at 3:45 PM, the administrator / director of nursing indicated the agency admission documents failed to inform the patients the home health agency was responsible to document the existence of complaints filed by the patient's family or legal representative regarding treatment or care that was or failed to be furnished, lack of respect for the patients property by anyone furnishing services on behalf of the agency, and to investigate and document the resolution of the complaint. <p>Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p>		<p>"Your Rights and Responsibilities as a Health Care Patient" was modified (see attachment #2) to include the following: 15. Voice a complaint regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of Occazio Home Health and not be subjected to discrimination or reprisal for doing so. (See "How To Make A Complaint" for more information.) All current patients will be presented the revised Admission Packet documents. Prevention: 100% of all admissions for the next 90 days will be audited to be sure the proper documents are included in the Admission Packet and presented to the patient/representative. Audits to be performed through 4/5/2012. The Administrator/Director of Clinical Services (DCS) is responsible for compliance.</p>				

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N0612	<p>Based on personnel file review and interview, the agency failed to ensure the individual that furnished home health aide services on behalf of the agency had been entered on and was in good standing on the state aide registry within 3 business days of employment in 1 (employee C) of 1 home health aide employed and file reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file C, date of hire 10/31/11, failed to evidence the agency had checked to ensure the aide had been entered on and was in good standing on the state home health aide registry until 11/23/11. 2. On 1/6/12 at 12:22 PM, the administrator indicated the personnel file did not contain evidence that the agency had checked the aide's standing on the state aide registry within 3 business days of employment. <p>Rule 15 Sec. 1(b) Original clinical records shall be retained for the length of time as required by IC 16-39-7 after home health services are terminated by the home health agency. Policies shall provide for retention even if the home health agency discontinues operations.</p> <p>Based on policy review and interview, the</p>	N0597	<p>Correction and Prevention: The Personnel File Checklist and Audit Tool was revised to include the following specific language related to the HHA Registry: Indiana Aide Registry proof of current CNA license, if applicable. Indiana Aide Registry proof of registration as home health aide and in good standing (required). 100% of HHA personnel files will be audited within 3 business days of employment for compliance with this requirement. Audits for new hires will be performed through 4/5/2012. 100% of HHA personnel files will be audited annually for evidence of compliance with this requirement. Annual audits by 12/31/2012. The Administrator/DCS is responsible for compliance.</p>	01/20/2012			
		N0612	<p>Correction and Prevention:</p>	01/20/2012			

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NAME OF PROVIDER OR SUPPLIER OCCAZIO HOME HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 501 BROAD STREET NEW CASTLE, IN47362			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>agency failed to ensure there was a policy to provide for retention of clinical records for a period of time required by IC 16-39-7 (7 years) in 1 of 1 agency.</p> <p>Findings include:</p> <p>1. The policy titled "Clinical Records / Medical Record Retention C-870" dated 9/1/11 states, "Retention of Records: 1. Clinical records shall be retained for six (6) years after the month of the cost report in which the records apply is filed with the intermediary, or for such a period of time as specified by state laws. 2. Clinical records of minors (under 18 years of age) are retained until the client reaches 18 or for a minimum of six (6) years."</p> <p>2. On 1/6/12 at 12:40 PM, the alternate administrator / alternate director of nursing indicated she was not aware of the time requirement for the retention of clinical records and the agency policy was inconsistent with the state requirement.</p>		<p>The policy titled Clinical Records/Medical Record Retention C-870 (see attachment #5) will be revised to state the following: 1. Clinical records shall be retained for seven (7) years after the month of the cost report in which the records apply is filed with the intermediary, or for such a period of time as specified by state laws. 2. Clinical records of minors (under 18 years of age) are retained until the client reaches 18 for a minimum of seven (7) years. The Administrator/DCS will re-educate all staff on the policy revision. The Administrator/DCS is responsible for compliance.</p>				