

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K046	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/01/2012
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NAME OF PROVIDER OR SUPPLIER  UNITED HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7212 N SHADELAND AVE STE 100 INDIANAPOLIS, IN 46250
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G0000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: 5-29-12, 5-30-12, 5-31-12, &amp; 6-1-12</p> <p>Facility #: 012120</p> <p>Medicaid vendor #: 200944890</p> <p>Surveyor: Ingrid Miller, RN, PHNS Dawn Snider, RN, PHNS</p> <p>Agency census: 22 skilled patients, 90 home health aide only patients, 0 personal service only patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 6, 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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G0120	<p>484.12(b) DISCLOSURE OF OWNERSHIP &amp; MANAGEMENT</p> <p>The HHA also must disclose the following information to the State survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management:</p> <p>(1) The name and address of all persons with an ownership or control interest in the HHA as defined in §§420.201,420.202, and 420.206 of this chapter.</p> <p>(2) The name and address of each person who is an officer, a director, an agent or a managing employee of the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.</p> <p>(3) The name and address of the corporation, association, or other company that is responsible for the management of the HHA, and the name and address of the chief executive officer and the chairman of the board of directors of that corporation, association, or other company responsible for the management of the HHA.</p> <p>Based on document review and interview, the agency failed to ensure the Indiana State Department of Health was notified timely of management changes for 1 of 1 agency with the potential to affect all the agency's staff and patients.</p> <p>Findings include:</p> <p>1. On 6/1/12 at 1:20 PM, the</p>	G0120	The Administrator has corrected this deficiency on 6.1.2012. The letter indicating Administrator and DON/Alternate DON changes along with all appropriate documentation has been sent to the ISDH. Any changes to the management personnel will be forwarded to the ISDH in a timely manner. The HR audit form has been changed to include this item as part of the checklist for new hires and changes in job descriptions. The Administrator of	06/01/2012			

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	<p>administrator indicated Employee S, supervisory nurse and registered nurse (RN), had resigned in April 2012 and been replaced by Employee L, supervisory nurse and RN, and a letter had been sent to the Indiana State Department of Health (department) on May 24, 2012. (The department had not received the letter as of 6-1-12.)</p> <p>2. The agency document titled "Governing Body Meeting April 6, 2012 Minutes" stated, "Governing body member approved changes to organizational chart. Approved Employee A, RN, as new administrator and ADON [alternate director of nursing] and Employee L, RN, approved for Director of Nursing and Alternate Administrator." This document was signed by the governing body.</p>		the home care agency services will be res		

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G0121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on interview, clinical record and document review, policy review and home visit observation, the agency failed to ensure 2 of 11 clinical records reviewed (Clinical records #2 and #9) were logged in the infection control log with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. The agency policy titled "Infectious Control Reporting" with an effective date of 11/1/11 stated, "Purpose: to establish a system for reporting of infectious disease and to assure compliance in implementing and following the system ... Infections identified in patients after admission that will be reported include a. urinary tract infections requiring physician interventions ... United will maintain records of all identified and reported infections."</p> <p>2. Clinical record #2, start of care (SOC) 12/13/10, failed to evidence the infection log had been updated with a patient's recent urinary tract infection. This was</p>	G0121	The DON has met with all the case managers and a complete review of their case load has been made for any past or present infection processess. Education has been providedThe infection control log has been updated with this information. The item of infection control logs has been added to the agenda for the regular clincial meeting to review all new infections or potential infection sites as outlined on the infection control survey. These reports will be corelated and assessed and reported to the performance improvement committee at it's meeting. The DON will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.	06/29/2012	

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	<p>evidenced by the following:</p> <p>a. On 5/30/12 at 1:10 PM at a home observation, Employee D, registered nurse (RN), indicated the patient was to have a clean catch urine today due to a recent urinary tract infection and completion of cephalexin for the infection. This lab ordered was for a follow-up from the physician to determine if the infection was resolved. The patient indicated all doses of the antibiotic had been taken and no symptoms of the urinary tract infection were present at this time. The clean catch urine was obtained with no difficulty.</p> <p>b. On 5/30/12 at 4:35 PM, Employee L, RN, indicated the patient's urinary tract infection was not listed in the infection control log.</p> <p>3. Clinical record #9, SOC 10/14/11 with a certification period of 4/11/12 - 6/8/12, failed to evidence the infection control log had been updated with the patient's infection. This was evidenced by the following:</p> <p>a. The clinical document titled "Medication Profile" reviewed and dated on 4/6/12 by Employee D, RN, stated, "2/2012 - 3/8/12 azithromycin 325 mg [milligram] po [by mouth] take QD</p>				

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	<p>[every day] antibiotic."</p> <p>b. On 6/1/12 at 2:20 PM, Employee L indicated the infection control log had not been updated with the infection treated with the antibiotic azithromycin.</p>			

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G0141	<p>484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies.</p> <p>Personnel records include qualifications and licensure that are kept current.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure a limited criminal history or expanded criminal history was applied for within 3 business days of first patient contact for 1 of 7 employee files (File D) reviewed of employees that required a limited criminal history with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> <li>IC 16-27-2-4 states, a person who operates a home health agency ... shall apply, not more than three business days after the date that an employee begins to provide services, ... for a copy of the employee's limited criminal history.</li> <li>Personnel file D, date of hire 11/28/11, first patient contact 12/12/11, evidenced a limited criminal history from the Indiana state police on 2/29/12.</li> <li>On 6/1/12 at 2:30 PM, Employee B, administrator, indicated the criminal history was not obtained within 3</li> </ol>	G0141	<p>The Administrator has executed a 100% audit on employee files to ensure criminal background checks have been obtained or filed for prior to three days after first patient contact. The Administrator has re-educated the personnel involved with the personnel records on the importance and timeliness of the criminal background checks and the use of the audit tool and hiring process to ensure background checks are completed in accordance to the regulations. All new hires' personnel files will have the audit tool completed and the Administrator will review 100% of new hire files for the next 3 months to ensure compliance. The Administrator of the homecare agency will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	06/29/2012	

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	<p>business days of patient contact.</p> <p>4. The agency policy titled "Personnel Records" with an effective date of 11/1/11 stated, "Personnel files will be established and maintained for all personnel ... The personnel record for an employee will include, but not be limited to: ... criminal history and background checks as required by law."</p>			

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G0158	<p>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.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure home health aide services were provided as ordered on the plan of care for 2 of 11 clinical records reviewed (#1 and #7) with the potential to affect all the patients of the agency who receive home health aide services.</p> <p>Findings include:</p> <p>1. Clinical record # 7, start of care 9/1/11, included plans of care for the certification periods 9/2/11 - 10/31/11 and 11/1/11 - 12/30/11 with orders for home health aide visits 7 visits/week, 6 hours/day, for 9 weeks up to 42 hours per week. The record contained home health aide visit weekly notes dated 10/17/11 - 10/23/11, 10/24/11 - 10/30/11, 11/7/11-11/12/11, and 11/14-11/19/11 and days 10/31/11, 11/1/11, and 11/2, 11 that identified the home health aide provided range of motion exercises to the patient's left arm. The plan of care failed to evidence an order for range of motion exercises to the patient's left arm.</p>	G0158	The DON has in-serviced the RN case managers on POC and the development of the POC which reflects the needs of the patient care based on the comprehensive assessment and incorporating those needs to the aide assignment sheet. The patient's POC with coordination with the physician has been updated to reflect a POC that meets the patient needs, including and updated aide assessment plan.(Chart# 7) The DON has put in place an additional audit item to ensure that documentation of home aide care is reflective of the home health aide care plan.-The DON has inserviced the aide (Chart #1) on the necessity of following the plan of care, that deletions or additions to the asignment can only be done by the RN Case manager and the correct documentation necessary based on the assignment provided. An in-service has been provided to all the home health aides on following the plan of care as outlined and documentation based on that plan of care.The Director of Nursing will be responsible for the monitoring these corrective actions to ensure	06/29/2012			

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	<p>2. The policy with a review date of 11/1/11 titled "HOME HEALTH AIDE: ASSIGNMENT" states, "1. The initial assessment for need of home health aide services shall be determined by the authorized nurse/therapist. The assignment of tasks will be identified in the home health aide care plan/ Assignment Sheet."</p> <p>3. Clinical record #1, start of care 9/14/11 included a plan of care for the certification period of 3/12/12 - 5/10/12 with orders for the aide to perform personal care, bathing, dressing, grooming, hair care, mouth care, and to assist with ambulation and range of motion.</p> <p>a. A clinical document titled "Aide Plan of Care" with an effective date of 3/8/12 stated, "Hair care daily, Skin care daily, Mouth / denture daily, dressing daily, personal care daily, and sponge bath daily." This was completed by Employee D, Registered Nurse.</p> <p>b. A clinical document titled "Aide visit note" with visit notes on 3/11/12, 3/13/12, 3/15/12, and 3/17/12 completed by Employee P, home health aide (HHA), were recorded on this one page document.</p>		that this deficiency is corrected and will not recure.				

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	<p>1.) On 3/11/12 from 9 AM- 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, personal care, and sponge bath were completed.</p> <p>2.) On 3/13/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, personal care, and sponge bath were completed.</p> <p>3.) On 3/15/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, personal care, and sponge bath were completed.</p> <p>4.) On 3/17/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth / denture care, dressing, personal care, and sponge bath were completed.</p> <p>c. A clinical document titled "Aide visit note" with visit notes on 3/18/12, 3/20/12, 3/22/12, and 3/24/12 by Employee P were recorded on this one page document.</p> <p>1.) On 3/18/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, personal care, sponge bath, dressing, mouth / denture care had been completed</p>				

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	<p>at the visit.</p> <p>2.) On 3/20/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth / denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>3.) On 3/22/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth / denture care, dressing, and personal care had been completed at the visit.</p> <p>4.) On 3/24/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, and personal care had been completed at the visit.</p> <p>d. A clinical document titled "Aide visit note" with visit notes on 3/25/12, 3/27/12, 3/29/12, and 3/31 /12 by Employee P were recorded on this one - page document.</p> <p>1.) On 3/25/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, personal care, sponge bath, dressing, mouth / denture care had been completed.</p> <p>2.) On 3/27/12 from 9 AM - 1 PM, the aide failed to evidence hair care,</p>				

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	<p>skin care, mouth / denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>3.) On 3/29/12 from 9 AM - 1 PM, the aide failed to evidence hair care, skin care, mouth / denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>4.) 3/31/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>e. On 5/30/12 at 11:30 AM, Employee L, Registered Nurse, indicated the visits above lacked completion of tasks assigned on the aide care plan.</p> <p>4. The agency policy titled "Home Health Aide Services" with an effective date of 11-1-11 stated, "The aide will follow the care plan and will not initiate new services or discontinue services without contacting the supervising nurse."</p>				

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G0159	<p>484.18(a) PLAN OF CARE</p> <p>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.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care included a timely physician signature and accurate treatments for 2 of 11 records reviewed (clinical record #6 and 9).</p> <p>Findings</p> <p>1. Clinical record #6, start of care (SOC) 1/19/12 with a plan of care for the certification period of 3/19/12 - 5/17/12 failed to evidence a timely physician's signature. This was evidenced by the following:</p> <p>a. A clinical document titled "Home Health Certification and Plan of Care" with a certification period of 3/19/12 - 5/17/12 was signed by the physician on 5/3/12.</p>	G0159	The Director of Nursing has review all current POC orders and Verbal Orders and has ensured that they are signed in a timely manner. The employee(s) who is responsible for tracking the incoming and out going physican orders have been re-educated on the process, regulation concerning the timing needs for signed physican orders and the need to notify the DON and/or Administrator at the regular weekly meeting on any outstanding orders. The weekly administratative meeting agenda now has the verbal order signature compliance on it for weekly review. There is now a compliance indicator data collection process and will also track this and be presented at the performance improvement committee meetings and action by the comittee if necessary. The DON will in-service the RN case managers on POC and the development of the POC which reflects the needs of the patient	06/29/2012			

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	<p>b. On 5/31/12 at 2:30 PM, Employee L, registered nurse, indicated the physician's signature was not timely.</p> <p>2. Clinical record #9, SOC 10/14/11, included a plan of care for the certification period of 4/11/12 - 6/8/12 that failed to evidence accurate orders for treatment by the home health aide (HHA). This was evidenced by the following:</p> <p>a. A clinical document titled "Home Health Certification and Plan of Care" with a certification period of 4/11/12 - 6/8/12 stated, "HHA to assist with personal care / bathing / dressing / ... assist with medication reminders / assist with accu-checks." The diagnoses listed for the patient on this document included congenital quadriplegia, autonomic dysreflexia, and urinary tract infection site not specified.</p> <p>b. On 5/31/12 at 2:45 PM, Employee L indicated the patient was not diabetic and did not receive accu - checks.</p> <p>3. The agency policy titled "Plan of Care" with an effective date of 11-1-11 stated, "An individualized Plan of Care signed by a physician shall be required for each patient receiving home health and personal care services ... The plan of care</p>		<p>care based on the comprehensive assessment and incorporating those needs to the aide assignment sheet. The patient's POC with coordination with the physician has been updated to reflect a POC that meets the patient needs, including and updated aide assessment plan. The outstanding physician orders will be tracked using the incoming/outgoing tracking system and will be addressed on a weekly basis with needed action identified to obtain orders in a timely manner. The DON will review all SOC/recert for an appropriate POC based on the assessment for the next 3 months and provide education to the RN case manager if the review indicates continued educational needs. The Director of Nursing will be responsible for the monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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	shall be completed in full to include: All pertinent diagnosis ... medications, treatments, and procedures ... the written plan of care must be signed by the physician and returned to the agency ... signed physician's orders will be obtained a quickly as possible."			

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G0212	<p>484.36(b)(1) COMPETENCY EVALUATION &amp; IN-SERVICE TRAI</p> <p>The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</p> <p>Based on clinical record review, observation, interview, and personnel file review, the agency failed to ensure 1 of 3 home health aides observed at a home visit (Employee Q) completed a task correctly with the potential to affect all the agency's patients that receive home health aide services.</p> <p>Findings</p> <p>1. Employee Q, date of hire 7/25/11 and first patient contact 7/25/11, failed to evidence a correct transfer of Patient #11 from the bed to the wheelchair. This transfer was not completed as the aide was trained and evaluated. This was evidenced by the following:</p> <p>A. On 6/1/12 at 9:30 AM, Employee M, Home health aide, was observed to transfer Patient #11 from the bed to the wheelchair. The aide used both of his /her hands to grasp the patient's hands and pull the patient up while the patient was in a lying position on the bed and then pulled the patient up to a stand position and then transferred with a pivot before</p>	G0212	The DON has had the homehealth aide instructed and evaluated and an additional competency done in transfer techniques by the RN. The DON has reviewed with the RN's who provide the evaluation and competency on the evaluation and competency program and it's contents to ensure competency of the aide in all areas evaluated. An inservice on bed to w/c transfer has been provided to the home health aides. The Director of Nursing will insitute spot visits with homehealth aides to evaluate their transfer techiques with individual patients with follow up, re-education and competency is deemed needed over the next 3 months. The Director of Nursing will be responsible for monitoring tese corrective actions to ensure that this deficiency is corrected and will not recur.	06/29/2012			

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	<p>being seated in the wheelchair. At no time was the patient put into a seated position on the bed. During the initial part of the transfer, the HHA pulled the patient up by the hands and was two complete arm lengths from the patient during the onset of the transfer.</p> <p>B. Personnel file Q evidenced the employee had taken an inservice on lifting and transferring and completed competency evaluation of skills. This was evidenced by the following:</p> <p>1.) The undated document titled "Lifting and transferring techniques" stated, "When lifting and transferring, the most important consideration is safety for yourself and the client ... Move the person to the edge of the bed. First, move the upper trunk, then the legs one at a time. Place the person's legs over the side of the bed. Place your arms around the person, circling the back in a sort of hug. Raise the person to a sitting position on the side of the bed. Place a gait belt around the client's waist if you so desire (recommended). Gradually slide or walk the person's buttocks forward until his feet are flat on the floor ... Place your feet on both side of the person's feet for support ... Have the person lean forward and if possible place his arms around your shoulders ... Keep the client close to your</p>						

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	<p>body." This document was part of the inservice education for 2012.</p> <p>2.) The document titled "Lifting and transferring test" and signed by Employee Q on 3/27/12 stated, "Score 16/17 ... List five ways to practice preventive care for injuries ... Lifting and transferring skills."</p> <p>3.) The document titled "Certified Home health Aide and Personal care assistant skills check list" signed by Employee Q and Employee W, RN, on 7/25/11 indicated the HHA had met the demonstration of skills for transfer assist, wheelchair, and bed-to-chair.</p> <p>2. On 6/1/12 at 10 AM, Employee L, Registered Nurse, indicated the HHA had not followed the inservice training for transferring or the skills check off for competency training.</p>						

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G0337	<p>484.55(c) DRUG REGIMEN REVIEW</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 on clinical record review, home observation, interview, and policy review, the agency failed to ensure the medication profile was accurate for 1 of 11 records (File 2).</p> <p>Findings</p> <p>1. Clinical record #2, start of care 12/13/10, failed to evidence a medication profile had been updated with a complete list of the patient's current medications. This was evidenced by the following:</p> <p>a. On 5/30/12 at 1:10 PM at a home observation, Employee D, registered nurse, indicated the patient was to have a clean catch urine today due to a recent urinary tract infection and completion of cephalexin for the infection. This lab ordered was for a follow-up from the physician to determine if the infection had resolved. The antibiotic cephalexin was not updated on the medication profile or listed in the physician orders. The patient indicated all doses of the antibiotic had</p>	G0337	<p>The DON of homecare services has educated the RN case manager on the necessity of updating the medication sheet each and everytime a medication is changed, added or deleted as relayed by an accompanying physician order or obtained through the patient interaction. An in-service to all RN case managers has been provided on the medication review process, the addition of any new medications or deletions. The DON will audit 100% of the SOC/recert for the next 3 months and then 10% or ten records if 10% is less than 10 record squarterly to ensure compliance with an up to date medication sheet. .The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this defieciency is corrected and will not recur.</p>	06/29/2012			

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	<p>been taken and no symptoms of the urinary tract infection were present at this time. The patient also indicated taking Aleve for pain instead of Tylenol.</p> <p>b. A clinical document titled "Skilled Nursing visit note" with a visit date of 5/3/12 and signed by Employee D stated, "Stated having arthritis pain yesterday 5/10 that was relieved by Aleve." There was no indication at the interview why the date 5/10/12 was on a 5/3/12 visit note.</p> <p>c. A clinical document titled "Medication Profile" and signed by Employee D on 4/6/12 showed no additions to the medication profile since 4/9/12. Aleve and cephalexin had not been added.</p> <p>d. On 5/30/12 at 4:35 PM, Employee L, registered nurse, indicated aleve and cephalexin were not on the medication profile.</p> <p>2. The agency policy titled "Medication Profile" with an effective date of 11/1/11 stated, "The profile will be reviewed and updated as needed to reflect current medications the patient is taking."</p>						

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N0408	<p>410 IAC 17-10-1(d) Licensure Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or (D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article. (3) The corporation, association, or other company that is responsible for the management of the home health agency. (4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on document review and interview, the agency failed to ensure the Indiana State Department of Health was notified timely of management changes for 1 of 1 agency with the potential to affect all the agency's staff and patients.</p> <p>Findings include:</p>	N0408	The Administrator has corrected this deficiency on 6.1.2012. The letter indicating Administrator and DON/Alternate DON changes along with all appropriate documentation has been sent to the ISDH. Any changes to the management personnel will be forwarded to the ISDH in a timely manner. The HR audit form has been changed to include this item as part of the checklist for new	06/01/2012			

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	<p>1. On 6/1/12 at 1:20 PM, the administrator indicated Employee S, supervisory nurse and registered nurse (RN), had resigned in April 2012 and been replaced by Employee L, supervisory nurse and RN, and a letter had been sent to the Indiana State Department of Health (department) on May 24, 2012. (The department had not received the letter as of 6-1-12.)</p> <p>2. The agency document titled "Governing Body Meeting April 6, 2012 Minutes" stated, "Governing body member approved changes to organizational chart. Approved Employee A, RN, as new administrator and ADON [alternate director of nursing] and Employee L, RN, approved for Director of Nursing and Alternate Administrator." This document was signed by the governing body.</p>		<p>hires and changes in job descriptions. The Administrator of the home care agency services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		

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N0458	<p>410 IAC 17-12-1(f) 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.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure a limited criminal history or expanded criminal history was applied for within 3 business days of first patient contact for 1 of 7 employee files (File D) reviewed of employees that required a limited criminal history.</p> <p>Findings</p> <p>1. Personnel file D, date of hire 11/28/11, first patient contact 12/12/11, evidenced a limited criminal history from the Indiana state police on 2/29/12.</p> <p>2. On 6/1/12 at 2:30 PM, Employee B,</p>	N0458	The Administrator has executed a 100% audit on employee files to ensure criminal background checks have been obtained or filed for prior to three days after first patient contact. The Administrator has re-educated the personnel involved with the personnel records on the importance and timeliness of the criminal background checks and the use of the audit tool and hiring process to ensure background checks are completed in accordance to the regulations. All new hires' personnel files will have the audit tool completed and the Administrator will review 100% of new hire files for the next 3 months to ensure compliance. The Administrator of the homecare agency will be	06/29/2012			

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	<p>administrator, indicated the criminal history was not obtained within 3 business days of patient contact.</p> <p>3. The agency policy titled "Personnel Records" with an effective date of 11/1/11 stated, "Personnel files will be established and maintained for all personnel ... The personnel record for an employee will include, but not be limited to: ... criminal history and background checks as required by law."</p>		<p>responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		

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N0470	<p>410 IAC 17-12-1(m) Home health agency administration/management 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 interview, clinical record and document review, policy review and home visit observation, the agency failed to ensure 2 of 11 clinical records reviewed (Clinical records #2 and #9) were logged in the infection control log with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. The agency policy titled "Infectious Control Reporting" with an effective date of 11/1/11 stated, "Purpose: to establish a system for reporting of infectious disease and to assure compliance in implementing and following the system ... Infections identified in patients after admission that will be reported include a. urinary tract infections requiring physician interventions ... United will maintain records of all identified and reported infections."</p> <p>2. Clinical record #2, start of care (SOC) 12/13/10, failed to evidence the infection log had been updated with a patient's</p>	N0470	The DON has met with all the case managers and a complete review of their case load has been made for any past or present infection processess. Education has been providedThe infection control log has been updated with this information. The item of infection control logs has been added to the agenda for the regular clincial meeting to review all new infections or potential infection sites as outlined on the infection control survey. These reports will be corelated and assessed and reported to the performance improvement committee at it's meeting.The DON will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not recur.	06/29/2012	

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	<p>recent urinary tract infection. This was evidenced by the following:</p> <p>a. On 5/30/12 at 1:10 PM at a home observation, Employee D, registered nurse (RN), indicated the patient was to have a clean catch urine today due to a recent urinary tract infection and completion of cephalexin for the infection. This lab ordered was for a follow-up from the physician to determine if the infection was resolved. The patient indicated all doses of the antibiotic had been taken and no symptoms of the urinary tract infection were present at this time. The clean catch urine was obtained with no difficulty.</p> <p>b. On 5/30/12 at 4:35 PM, Employee L, RN, indicated the patient's urinary tract infection was not listed in the infection control log.</p> <p>3. Clinical record #9, SOC 10/14/11 with a certification period of 4/11/12 - 6/8/12, failed to evidence the infection control log had been updated with the patient's infection. This was evidenced by the following:</p> <p>a. The clinical document titled "Medication Profile" reviewed and dated on 4/6/12 by Employee D, RN, stated, "2/2012 - 3/8/12 azithromycin 325 mg</p>			

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	<p>[milligram] po [by mouth] take QD [every day] antibiotic."</p> <p>b. On 6/1/12 at 2:20 PM, Employee L indicated the infection control log had not been updated with the infection treated with the antibiotic azithromycin.</p>				

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N0522	<p>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:</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure home health aide services were provided as ordered on the plan of care for 2 of 11 clinical records reviewed (#1 and #7) with the potential to affect all the patients of the agency who receive home health aide services.</p> <p>Findings include:</p> <p>1. Clinical record # 7, start of care 9/1/11, included plans of care for the certification periods 9/2/11 - 10/31/11 and 11/1/11 - 12/30/11 with orders for home health aide visits 7 visits/week, 6 hours/day, for 9 weeks up to 42 hours per week. The record contained home health aide visit weekly notes dated 10/17/11 - 10/23/11, 10/24/11 - 10/30/11, 11/7/11-11/12/11, and 11/14-11/19/11 and days 10/31/11, 11/1/11, and 11/2, 11 that identified the home health aide provided range of motion exercises to the patient's left arm. The plan of care failed to evidence an order for range of motion exercises to the patient's left arm.</p>	N0522	The DON has in-serviced the RN case managers on POC and the development of the POC which reflects the needs of the patient care based on the comprehensive assessment and incorporating those needs to the aide assignment sheet. The patient's POC with coordination with the physician has been updated to reflect a POC that meets the patient needs, including and updated aide assessment plan.(Chart# 7) The DON has put in place an additional audit item to ensure that documentation of home aide care is reflective of the home health aide care plan.-The DON has inserviced the aide (Chart #1) on the necessity of following the plan of care, that deletions or additions to the asignment can only be done by the RN Case manager and the correct documentation necessary based on the assignment provided. An in-service has been provided to all the home health aides on following the plan of care as outlined and documentation based on that plan of care.The Director of Nursing will be responsible for the monitoring these corrective actions to ensure	06/29/2012	

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	<p>2. The policy with a review date of 11/1/11 titled "HOME HEALTH AIDE: ASSIGNMENT" states, "1. The initial assessment for need of home health aide services shall be determined by the authorized nurse/therapist. The assignment of tasks will be identified in the home health aide care plan/ Assignment Sheet."</p> <p>3. Clinical record #1, start of care 9/14/11 included a plan of care for the certification period of 3/12/12 - 5/10/12 with orders for the aide to perform personal care, bathing, dressing, grooming, hair care, mouth care, and to assist with ambulation and range of motion.</p> <p>a. A clinical document titled "Aide Plan of Care" with an effective date of 3/8/12 stated, "Hair care daily, Skin care daily, Mouth / denture daily, dressing daily, personal care daily, and sponge bath daily." This was completed by Employee D, Registered Nurse.</p> <p>b. A clinical document titled "Aide visit note" with visit notes on 3/11/12, 3/13/12, 3/15/12, and 3/17/12 completed by Employee P, home health aide (HHA), were recorded on this one page document.</p>		that this deficiency is corrected and will not recure.				

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	<p>1.) On 3/11/12 from 9 AM- 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, personal care, and sponge bath were completed.</p> <p>2.) On 3/13/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, personal care, and sponge bath were completed.</p> <p>3.) On 3/15/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, personal care, and sponge bath were completed.</p> <p>4.) On 3/17/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth / denture care, dressing, personal care, and sponge bath were completed.</p> <p>c. A clinical document titled "Aide visit note" with visit notes on 3/18/12, 3/20/12, 3/22/12, and 3/24/12 by Employee P were recorded on this one page document.</p> <p>1.) On 3/18/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, personal care, sponge bath, dressing, mouth / denture care had been completed</p>				

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	<p>at the visit.</p> <p>2.) On 3/20/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth / denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>3.) On 3/22/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth / denture care, dressing, and personal care had been completed at the visit.</p> <p>4.) On 3/24/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, and personal care had been completed at the visit.</p> <p>d. A clinical document titled "Aide visit note" with visit notes on 3/25/12, 3/27/12, 3/29/12, and 3/31 /12 by Employee P were recorded on this one - page document.</p> <p>1.) On 3/25/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, personal care, sponge bath, dressing, mouth / denture care had been completed.</p> <p>2.) On 3/27/12 from 9 AM - 1 PM, the aide failed to evidence hair care,</p>						

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	<p>skin care, mouth / denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>3.) On 3/29/12 from 9 AM - 1 PM, the aide failed to evidence hair care, skin care, mouth / denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>4.) 3/31/12 from 9 AM - 1 PM, the aide failed to document hair care, skin care, mouth /denture care, dressing, sponge bath and personal care had been completed at the visit.</p> <p>e. On 5/30/12 at 11:30 AM, Employee L, Registered Nurse, indicated the visits above lacked completion of tasks assigned on the aide care plan.</p> <p>4. The agency policy titled "Home Health Aide Services" with an effective date of 11-1-11 stated, "The aide will follow the care plan and will not initiate new services or discontinue services without contacting the supervising nurse."</p>				

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care included a timely physician signature and accurate treatments for 2 of 11 records reviewed (clinical record #6 and 9).</p> <p>Findings</p> <p>1. Clinical record #6, start of care (SOC) 1/19/12 with a plan of care for the</p>	N0524	The Director of Nursing has review all current POC orders and Verbal Orders and has ensured that they are signed in a timely manner. The employee(s) who is responsible for tracking the incoming and out going physican orders have been re-educated on the process, regulation concerning the timing needs for signed physican orders and the need to notify the DON and/or Administrator at the regular weekly meeting on any outstanding orders. The weekly	06/29/2012			

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	<p>certification period of 3/19/12 - 5/17/12 failed to evidence a timely physician's signature. This was evidenced by the following:</p> <p>a. A clinical document titled "Home Health Certification and Plan of Care" with a certification period of 3/19/12 - 5/17/12 was signed by the physician on 5/3/12.</p> <p>b. On 5/31/12 at 2:30 PM, Employee L, registered nurse, indicated the physician's signature was not timely.</p> <p>2. Clinical record #9, SOC 10/14/11, included a plan of care for the certification period of 4/11/12 - 6/8/12 that failed to evidence accurate orders for treatment by the home health aide (HHA). This was evidenced by the following:</p> <p>a. A clinical document titled "Home Health Certification and Plan of Care" with a certification period of 4/11/12 - 6/8/12 stated, "HHA to assist with personal care / bathing / dressing / ... assist with medication reminders / assist with accu-checks." The diagnoses listed for the patient on this document included congenital quadriplegia, autonomic dysreflexia, and urinary tract infection site not specified.</p>		<p>administrative meeting agenda now has the verbal order signature compliance on it for weekly review. There is now a compliance indicator data collection process and will also track this and be presented at the performance improvement committee meetings and action by the committee if necessary. The DON will in-service the RN case managers on POC and the development of the POC which reflects the needs of the patient care based on the comprehensive assessment and incorporating those needs to the aide assignment sheet. The patient's POC with coordination with the physician has been updated to reflect a POC that meets the patient needs, including and updated aide assessment plan. The outstanding physician orders will be tracked using the incoming/outgoing tracking system and will be addressed on a weekly basis with needed action identified to obtain orders in a timely manner. The DON will review all SOC/recert for an appropriate POC based on the assessment for the next 3 months and provide education to the RN case manager if the review indicates continued educational needs. The Director of Nursing will be responsible for the monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>b. On 5/31/12 at 2:45 PM, Employee L indicated the patient was not diabetic and did not receive accu - checks.</p> <p>3. The agency policy titled "Plan of Care" with an effective date of 11-1-11 stated, "An individualized Plan of Care signed by a physician shall be required for each patient receiving home health and personal care services ... The plan of care shall be completed in full to include: All pertinent diagnosis ... medications, treatments, and procedures ... the written plan of care must be signed by the physician and returned to the agency ... signed physician's orders will be obtained a quickly as possible."</p>				

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N0596	<p>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</p> <p>Based on clinical record review, observation, interview, and personnel file review, the agency failed to ensure 1 of 3 home health aides observed at a home visit (Employee Q) completed a task correctly with the potential to affect all the agency's patients that receive home health aide services.</p> <p>Findings</p> <p>1. Employee Q, date of hire 7/25/11 and first patient contact 7/25/11, failed to evidence a correct transfer of Patient #11 from the bed to the wheelchair. This transfer was not completed as the aide was trained and evaluated. This was evidenced by the following:</p> <p>A. On 6/1/12 at 9:30 AM, Employee M, Home health aide, was observed to transfer Patient #11 from the bed to the wheelchair. The aide used both of his /her hands to grasp the patient's hands and</p>	N0596	The DON has had the homehealth aide instructed and evaluated and an additional competency done in transfer techniques by the RN. The DON has reviewed with the RN's who provide the evaluation and competency on the evaluation and competency program and it's contents to ensure competency of the aide in all areas evaluated. An inservice on bed to w/c transfer has been provided to the home health aides.The Director of Nursing will insitute spot visits with homehealth aides to evaluate their transfer techiques with individual patients with follow up, re-education and competency is deemed needed over the next 3 months.The Director of Nursing will be responsible for monitoring tese corrective actions to ensure that this deficiency is corrected and will not recur.	06/29/2012			

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	<p>pull the patient up while the patient was in a lying position on the bed and then pulled the patient up to a stand position and then transferred with a pivot before being seated in the wheelchair. At no time was the patient put into a seated position on the bed. During the initial part of the transfer, the HHA pulled the patient up by the hands and was two complete arm lengths from the patient during the onset of the transfer.</p> <p>B. Personnel file Q evidenced the employee had taken an inservice on lifting and transferring and completed competency evaluation of skills. This was evidenced by the following:</p> <p>1.) The undated document titled "Lifting and transferring techniques" stated, "When lifting and transferring, the most important consideration is safety for yourself and the client ... Move the person to the edge of the bed. First, move the upper trunk, then the legs one at a time. Place the person's legs over the side of the bed. Place your arms around the person, circling the back in a sort of hug. Raise the person to a sitting position on the side of the bed. Place a gait belt around the client's waist if you so desire (recommended). Gradually slide or walk the person's buttocks forward until his feet are flat on the floor ... Place your feet</p>						

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	<p>on both side of the person's feet for support ... Have the person lean forward and if possible place his arms around your shoulders ... Keep the client close to your body." This document was part of the inservice education for 2012.</p> <p>2.) The document titled "Lifting and transferring test" and signed by Employee Q on 3/27/12 stated, "Score 16/17 ... List five ways to practice preventive care for injuries ... Lifting and transferring skills."</p> <p>3.) The document titled "Certified Home health Aide and Personal care assistant skills check list" signed by Employee Q and Employee W, RN, on 7/25/11 indicated the HHA had met the demonstration of skills for transfer assist, wheelchair, and bed-to-chair.</p> <p>2. On 6/1/12 at 10 AM, Employee L, Registered Nurse, indicated the HHA had not followed the inservice training for transferring or the skills check off for competency training.</p>			

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N0608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p>	N0608	The Administrator has developed a new process for the transfer of records between the branch and the parent office to allow for the filing of clinical record items in the 14 day time line. All filing of clinical record items has been completed and is now within compliance with the 14 day incorporation into the clinical record regulation. The administrative and clinical staff have been in-serviced on the regulation and need for all clinical records to be in the clinical record within the 14 day timeline. The administrator has added timely filing of clinical records on the weekly management meeting agenda to identify issues prior to	06/29/2012	

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	<p>Based on clinical record review, policy review, and interview, the agency failed to ensure the clinical record was current and documents were filed timely in 1 of 9 records reviewed of active patients (#8) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #8, start of care 3/23/12, included plans of care dated 3/23/12-5/21/12 and 5/22/12 -7/20/12 that evidenced the patient was receiving skilled nurse one time every two weeks for nine weeks and home health aide 3.5 hours per day times 5 days a week for 9 weeks up to 17.5 hours/week. The clinical record failed to evidence skilled nurse visit notes after 4/20/12 and home health aide notes for the month of May.</li> <li>2. The agency's undated policy titled "CLINICAL RECORDS/MEDICAL RECORD RETENTION" states, "8. Required Documentation for each service or care provided must be completed on</li> </ol>		<p>being out of compliance so action can be taken. The Administrator of the Agency will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>the day the service is rendered and filed in the clinical record within fourteen (14) days."</p> <p>3. On 5/30/12 at 11:45 AM, the branch office manager, employee F, was able to provide home health aide notes for 5/14/12 through 5/21/12 but indicated the parent office would need to fax the other notes.</p>			