

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K024		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/24/2012	
NAME OF PROVIDER OR SUPPLIER ABOVE & BEYOND HOMECARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1320 E 53RD ST STE A ANDERSON, IN 46013			
(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	
G0000	<p>This visit was a home health federal recertification survey. This was a partial extended survey.</p> <p>Survey Date: 8/20/12 to 8/22/12</p> <p>Facility #: 004808</p> <p>Medicaid Vendor #: 200829700</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 142</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>August 27, 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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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, observation, job description review, and interview, the agency failed to ensure the care provided was ordered on the plan of care for 3 of 11 patients with the potential to affect all the agency's patients. (# 2, 3, 8)</p> <p>Findings:</p> <p>1. Clinical record #2 contained "PA Home Health Aide Weekly Note[s]" dated June 25-28, and 30; July 1-6, 9, 10, 12-14, and 16; and August 1-3, 2012, that identified the aide performed "ROM / Passive ROM". The plans of care for the certification periods 6-1-12 to 7-30-12 and 7-31-12 to 9-28-12 failed to evidence an order for range of motion.</p> <p>The "Aide / Homemaker Care Plan" dated 5-29-12 and with review date of 7- 26-12, failed to evidence the aide had been assigned to perform range of motion.</p> <p>2. Clinical record #3 contained "PA Home Health Aide Weekly Note[s]" dated</p>		G0158	<p>G158 The Administrator and Director of Nursing has in-serviced nursing staff, home health aides, and case managers on following the Plan of Care and Plan of Care Policy. Supervisory Nurses will conduct a field audit at least 120 days of not less than 10% of Patients to ensure compliance with Plan of Care. Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected. The Director of Nursing will report any findings to the administrator. These findings will also be used and incorporated into the Quality Assurance Meetings to evaluate care.</p>		08/28/2012	

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	<p>July 1-3, 5, 7-10, 12-17, 19-21, 23, 24, and 26-31; August 1-4, 6, 7, and 9-11, 2012, that identified the aide performed a "Bed Bath." The plan of care for the certification period 6-17-12 to 8-15-12 failed to evidence an order for a bed bath.</p> <p>A. The "PA Home Health Aide Weekly Note[s]" dated July 1-3, 5, 9, 10, 12-17, 19-21, 23, 24, and 26-31; August 2, 3, 6, 7, and 8-11, 2012, identified the aide performed "Hand / foot Care ... Brace." The plan of care for the certification period of 6-17-12 to 8-15-12 failed to evidence an order for a brace.</p> <p>B. The "PA Home Health Aide Weekly Note[s]" dated July 1-3, 5, 9, 10, 12-17, 19-21, 23, 24, and 26-31; August 2, 3, 6, 7, and 9-12, 2012, identified the aide performed "ROM / Passive ROM ... PROM." The plan of care for the certification period 6-17-12 to 8-15-12 failed to evidence an order for passive range of motion.</p> <p>C. The "Aide / Homemaker Care Plan" dated 12-15-11 and with review dates of 2-13-12, 4-13-12, 6-12-12, and 8-11-12 failed to evidence the aide had been assigned to perform passive range of motion.</p> <p>D. On 8-21-12 at 9 AM, employee D,</p>						

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	<p>home health aide, was observed giving patient #2 a bed bath.</p> <p>3. Clinical record #8 contained "PA Home Health Aide Weekly Note[s]" dated August 8-10, 2012, that identified the aide performed "Offer Oral Supplement." The plan of care for the certification period 8-8-12 to 10-6-12 failed to evidence an order for offering of oral supplements.</p> <p>4. The undated document titled "Home Health Aide Job Description" states "The Home Health Aide performs personal care activities contained in a written assignment by the case manager which includes: personal hygiene, assisting with ambulation, oral care, skin care, hair care, cooking, feeding, dressing, shaving, vital signs, and nail care. Follows a written plan of care, which includes realistic goals and interventions, and is prepared by the case manager."</p> <p>5. On 8-22-12 at 115 PM, employee B indicated all home health aides are required to read the employee handbook and, after orientation, a document stating they have read and understand all of the information, including the home health aide job description which is signed and dated by the home health aide.</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, observation, job description review, and interview, the agency failed to ensure the care provided was ordered on the plan of care for 3 of 11 patients with the potential to affect all the agency's patients. (# 2, 3, 8)</p> <p>Findings:</p> <p>1. Clinical record #2 contained "PA Home Health Aide Weekly Note[s]" dated June 25-28, and 30; July 1-6, 9, 10, 12-14, and 16; and August 1-3, 2012, that identified the aide performed "ROM / Passive ROM". The plans of care for the certification periods 6-1-12 to 7-30-12 and 7-31-12 to 9-28-12 failed to evidence an order for range of motion.</p> <p>The "Aide / Homemaker Care Plan" dated 5-29-12 and with review date of 7-26-12, failed to evidence the aide had been assigned to perform range of motion.</p> <p>2. Clinical record #3 contained "PA Home Health Aide Weekly Note[s]" dated</p>		N0522	<p>N 522 The Administrator and Director of Nursing has in-serviced nursing staff, home health aides, and case managers on following the Plan of Care and Plan of Care Policy. Supervisory Nurses will conduct a field audit at least 120 days of not less than 10% of Patients to ensure compliance with Plan of Care. Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected. The Director of Nursing will report any findings to the administrator. These findings will also be used and incorporated into the Quality Assurance Meetings to evaluate care.</p>		08/28/2012	

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