

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/30/2013
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NAME OF PROVIDER OR SUPPLIER  CAREGIVERS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3536 WASHINGTON BLVD INDIANAPOLIS, IN 46205
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G000000	<p>This visit was a Federal Home Health complaint investigation survey.</p> <p>Complaint number: IN00131991 - Substantiated: Federal deficiency related to the allegations is cited. An unrelated deficiency is also cited.</p> <p>Survey dates: July 29, 2013 - July 30, 2013</p> <p>Facility number: 005941</p> <p>Medicaid Vendor Number: 100265760A</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>August 6, 2013</p>	G000000	Plan of Correction was also hand delivered	

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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G000158	<p><b>484.18</b> <b>ACCEPTANCE OF PATIENTS, POC, MED SUPER</b> Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on record review and interview, the agency failed to ensure visits were provided as ordered in 1 of 3 records reviewed with the potential to affect all patients of the agency who receive Home Health Aide (HHA) services (#1).</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 5/7/13, contained a Plan of Care (POC) for the certification periods dated 5/7/13 - 7/6/13 with orders for HHA 4 x week x 1 week, 7h duration (4 times a week for 1 week for 7 hours a day), 7 x week x 8 weeks, 7h duration (7 times a week for 8 weeks for 7 hours a day), "Client/family may change frequency/duration of encounter," and "Provide respite care per 5w9 [5 times a week for 9 weeks] 20 hrs [hours] per week under MCDW [Medicaid Waiver] per client/family request." The "Home Health Aide Daily Activity Record" evidenced the HHA visited on 5/8/13 for 4 hours, on 5/11/13 for 9 hours, on 5/12/13 for 6 hours, on</p>	G000158	<p><b>G 158 and N 522 Follows a written POC. Correction Response: Failure to ensure visits were provided as ordered.</b></p> <p><b>C1. The Clinical Operation Manage/designee will in services all of staff beginning 08/14/13, that all missed visit must be communicated to the Physician in a timely manner, with the reason why the visit was missed. The missed visit form must be completed in its entirety by each discipline and communicated to the physician by phone, mail or fax. Identify in the disciplines' note that a visit was either refused or the patient had a doctor's appointment. Completion of all staff in services by 08/30/13.</b></p> <p><b>C2. Beginning immediately weekly missed visit reports will be ran and reconciled and that missed visit and visit frequencies are being communicated appropriately and timely.</b></p> <p><b>C3. The Clinical Operations</b></p>	08/14/2013	

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	<p>5/14/13 for 5.5 hours, and on 5/18/12 for 10.75 hours. The record also failed to evidence a HHA visit on 5/7/13.</p> <p>2. During an interview on 7/30/13 at 2:40 PM, Employee Z, Quality Assurance, indicated they did not have any documentation to support why some HHA visits had less than the 7 hour duration prescribed on the POC. Employee Z further indicated that some days both Personal Care and Waiver hours were being used.</p>		<p><b>Manager/designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</b></p>		

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G000225	<p><b>484.36(c)(2)</b> <b>ASSIGNMENT &amp; DUTIES OF HOME HEALTH AIDE</b> The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law.</p> <p>Based on clinical record review and interview, the home health agency failed to ensure the Home Health Aide (HHA) followed the written plan of care as ordered in 1 of 3 records reviewed of patients that were receiving HHA services. (#1)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #1, start of care 5/7/13, included a "Home Health Aide Care Plan" dated 5/7/13 with orders for the HHA to have the patient up in the chair 4 hours at a time. The "Home Health Aide Daily Activity Record" evidenced the HHA did not have the patient up in the chair on 5/12/13. There was no documentation the patient refused to be up in the chair.</li> <li>2. During an interview on 7/30/13 at 11:37 AM, Employee Z, Quality Assurance, indicated that the "Home Health Aide Care Plan" order was meant for the HHA to put the patient in the</li> </ol>	G000225	<p><b>G 225 Assignment &amp; Duties of Home Health Aide.</b> <b>Correction Response: Failure to ensure the Home Health Aides followed the written plan of care as ordered.</b></p> <p><b>C1. Clinical Operations/designee will in services of all staff beginning 08/14/13, for completion of the Home Health Aide Care Plans and The Home Health Aide Daily Activity Record. In service will be completed by 08/31/13.</b></p> <p><b>C2. Beginning immediately chart audits will be completed every 60 days or at discharge for evidence that Home Health Aide documentation and Care Plan are being followed.</b></p> <p><b>C3.The Clinical Operations Manager/designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</b></p>	08/14/2013	

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	<p>chair for 4 hours during their work shift.</p> <p>Employee Z further indicated that the patient has the right to refuse such tasks at anytime, and if the patient refuses to being up in the chair, then the HHA would be required to document the refusal.</p>			

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N000522	<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 record review and interview, the agency failed to ensure visits were provided as ordered in 1 of 3 records reviewed with the potential to affect all patients of the agency who receive Home Health Aide (HHA) services (#1).</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 5/7/13, contained a Plan of Care (POC) for the certification periods dated 5/7/13 - 7/6/13 with orders for HHA 4 x week x 1 week, 7h duration (4 times a week for 1 week for 7 hours a day), 7 x week x 8 weeks, 7h duration (7 times a week for 8 weeks for 7 hours a day), "Client/family may change frequency/duration of encounter," and "Provide respite care per 5w9 [5 times a week for 9 weeks] 20 hrs [hours] per week under MCDW [Medicaid Waiver] per client/family request." The "Home Health Aide Daily Activity Record" evidenced the HHA visited on 5/8/13 for 4 hours, on 5/11/13 for 9 hours, on 5/12/13 for 6 hours, on</p>	N000522	<p><b>G 158 and N 522 Follows a written POC. Correction Response: Failure to ensure visits were provided as ordered.</b></p> <p><b>C1. The Clinical Operation Manage/designee will in services all of staff beginning 08/14/13, that all missed visit must be communicated to the Physician in a timely manner, with the reason why the visit was missed. The missed visit form must be completed in its entirety by each discipline and communicated to the physician by phone, mail or fax. Identify in the disciplines' note that a visit was either refused or the patient had a doctor's appointment. Completion of all staff in services by 08/30/13.</b></p> <p><b>C2. Beginning immediately weekly missed visit reports will be ran and reconciled and that missed visit and visit frequencies are being communicated appropriately and timely.</b></p> <p><b>C3. The Clinical Operations</b></p>	08/14/2013	

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