

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/01/2015
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NAME OF PROVIDER OR SUPPLIER  D-BEST HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2346 S LYNHURST DRIVE SUITE B 207 INDIANAPOLIS, IN 46241
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(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
G 000  Bldg. 00	<p>This visit was for a federal initial medicaid certification home health agency survey. This was a partial extended survey.</p> <p>Survey dates: 5-26, 5-27, 5-28, 5-29, and 6-1-2015.</p> <p>The survey was partial extended on 5-27-2015.</p> <p>Facility Number: IN013640</p> <p>Census:     8 Active patients               2 Discharged patients               10 Total</p> <p>Sample :     Record reviews with home visit: 4               Record reviews without home visit: 6               Total: 10</p> <p>QR: JE 6/4/15</p>	G 000		
G 141	484.14(e) PERSONNEL POLICIES			

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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Bldg. 00	<p>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 policy review, personnel file review, and interview, the administrator failed to ensure agency personnel policy was followed for 3 of 4 employees whose personnel files were reviewed (A, B, and E).</p> <p>Finding included:</p> <ol style="list-style-type: none"> <li>1. Policy, "Orientation Program", adopted 5-19-15, states, "All staff, volunteers, and members of the Board of Directors new to this HHA [home health agency] participate in a general orientation program before assuming any job responsibilities and duties ... Department orientation and appropriate job training is provided to anyone new to a department and includes content not covered during general orientation as well as content that is unique to the role of the new, transferred, or cross-trained staff member."</li> <li>2. Personnel file A, administrator, date of hire (DOH) 11-1-14, date of first patient contact 5-15-15, failed to evidence the agency had provided</li> </ol>	G 141	<p>GENERAL ORIENTATION WILL BE PROVIDED FOR ALL CURRENT EMPLOYEES. JOB SPECIFIC ORIENTATION WILL BE PROVIDED TO ALL EMPLOYEES.</p> <p>DOCUMENTATION OF ORIENTATION WAS PLACED IN EACH EMPLOYEE'S FILE.</p> <p>DATE TO BE COMPLETED: 6/15/15 THE ADMINISTRATOR WILL BE RESPONSIBLE TO ENSURE ALL EMPLOYEES WILL ATTEND A GENERAL ORIENTATION IN ADDITION TO ANY JOB SPECIFIC ORIENTATION. FOR THE NEXT 30 DAYS 100% OF ALL EMPLOYEEFILES WILL BE AUDITED TO ENSURE 100% COMPLIANCE. QUARTERLY, 10% OF ALL EMPLOYEE FILES WILL BE AUDITED TO ENSURE CONTINUED COMPLIANCE.</p>	06/15/2015

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G 157	<p>orientation to the position of administrator.</p> <p>3. Personnel file B, alternate administrator and alternate nursing supervisor, DOH 11-1-14, failed to evidence the agency had provided orientation to the positions of alternate administrator and alternate nursing supervisor.</p> <p>4. Personnel file E, staff registered nurse, DOH 11-1-14, date of first patient contact 5-16-15, failed to evidence the agency had provided orientation to the position of staff registered nurse.</p> <p>5. On 6-1-15 at 1:45 PM, administrator/nursing supervisor, Employee A, indicated the agency used the policies in its policy binder as the agency expectation until the governing body adopted the policies. The administrator indicated the above employees personnel files did not contain evidence a general and job specific orientation had been conducted prior to employees assuming their responsibilities.</p>			

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Bldg. 00	<p>ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the agency only admitted patients with orders for services the agency could provide for 2 of 8 active clinical records reviewed (1 and 6).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Policy "Intake Service", adopted on 5-19-15, states, "HHA [Home Health Agency] accepts only those patients for care, treatment, and/or services whose identified needs can be reasonably met in the patient's place of residence."</li> <li>2. Policy "Care Planning", adopted 5-19-15, states, "Clinical Services are implemented in accordance with a plan of care that is established by a physician's written orders, in accordance with the HHA policy."</li> <li>3. Clinical record (CR) 1, start of care (SOC) 5-1-15, contained a plan of care (POC) for the certification period (CP) 5-1 to 6-29-15 with referral order dated</li> </ol>	G 157	<p>All staff have been inserviced on intake and care planning policy and procedure. 100% of allreferrals will go through the approval of the clinical administrator/director prior to acceptance. No patient will be accepted if the agency cannot meet that patients' needs as described within the company's policies and procedures. Referral source will be notified of non-acceptance so that another provider can belocated. All new admissions will be reviewed within one week of referral to ensure standards are met. Administrator/DONwill be responsible for ensuring this standard is met and will not recur</p>	06/15/2015

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G 332	<p>4-22-15 from acute care hospital for "PT [physical therapy] / OT [occupational therapy] / ST [speech therapy] eval. [evaluate] and treat for 4 weeks." The clinical record failed to evidence evaluation by PT, OT, and ST.</p> <p>4. CR 6, SOC 4-8-15, contained a POC for the CP 4-8- to 6-6-15 with referral order dated 4-1-15 from acute care hospital for "PT/OT eval and treat." The clinical record failed to evidence evaluation by PT or OT.</p> <p>5. On 6-1-15 at 1:45 PM, administrator/nursing supervisor, Employee A, indicated the agency does not provide any therapy services and does not have arrangements for therapy evaluations and services. Administrator indicated the therapy evaluations ordered for CR 1 and 6 had not been done.</p>			

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Bldg. 00	<p><b>INITIAL ASSESSMENT VISIT</b></p> <p>The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure patients received an initial assessment within 48 hours of referral, 48 hours of return home, or on a physician ordered start of care date for 3 of 8 active clinical records reviewed ( 4, 6, and 7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Policy "Assessment-Nursing", adopted 5-19-15, states "To provide each HHA (home health agency) patient, regardless of payment source, with a comprehensive assessment that accurately reflects the patient's needs for care, treatment, and/or services within an appropriate time frame, as outlined by Federal regulatory requirements ... To ensure compliance with collection of time appropriate OASIS data set items, in accordance with Federal reporting requirements ... Admission assessments shall be performed by a Registered Nurse within: 48 hours of referral, or 48 hours of the patient's return home, or on the physician-ordered start of care date."</li> <li>2. Clinical record (CR) 4, start of care</li> </ol>	G 332	<p>All staff were inserviced that all initial visits and comprehensive assessments are to be done within 48 hours of referral, 48 hours of return home, or on a physicians ordered start of care date. Physicians will be contacted in home during initial visit for orders for treatment. Initial visit will include a comprehensive assessment and be the date of admission. For the next 30 days 100% of all new admissions will be audited to ensure this standard was met. Quarterly, 10% of admissions will be audited to ensure this standard is met. Administrator/DON will be responsible for monitoring these corrective actions to ensure the standard is met and will not recur.</p>	06/15/2015			

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	<p>(SOC), 5-15-15, referral date 5-11-15, contained a plan of care (POC) for the certification period (CP) 5-15 to 7-13-15. The CR failed to evidence an initial visit was made to assess the patient's immediate care and support needs within 48 hours of referral, or of the patient's return home, or on a physician ordered start of care date. The comprehensive assessment was completed 5-15-15.</p> <p>4. CR 6, SOC 4-8-15, referral date 4-1-15, contained a POC for the CP 4-8 to 6-6-15. The CR failed to evidence an initial visit was made to assess the patient's immediate care and support needs within 48 hours of referral, return home, or on a physician ordered start of care date. The comprehensive assessment was completed 4-8-15.</p> <p>5. CR 7, SOC 5-22-15, referral date 5-12-15, contained a POC for the CP 5-22 to 7-20-15. The CR failed to evidence an initial visit was made to assess the patient's immediate care and support needs within 48 hours of referral, or of the patient's return home, or on a physician ordered start of care date. The comprehensive assessment was completed 5-22-15.</p> <p>6. On 6-1-15 at 1:45 PM, administrator/nursing supervisor,</p>			

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G 334	<p>Employee A, indicated the agency followed the policies in its policy binder as agency expectation until policies were approved by the governing board. The administrator indicated the agency practice is to combine the initial assessment with the comprehensive assessment within 48 hours of referral, 48 hours of patient's return home, or on a physician ordered start of care date. Administrator indicated CR 4, 6, and 7 did not contain an initial assessment of the patient within the agency policy guidelines.</p> <p>484.55(b)(1) COMPLETION OF THE COMPREHENSIVE</p>			

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Bldg. 00	<p><b>ASSESSMENT</b></p> <p>The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.</p> <p>Based on clinical record review and interview, the agency failed to ensure the comprehensive assessment was completed after the start of care for 7 of 8 active clinical records reviewed (1-7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical Record (CR) 1, physician ordered start of care (defined as first billable visit) of 5-1-15, contained a plan of care (POC) for the certification period (CP) 5-1 to 6-29-15. The start of care (SOC) comprehensive assessment (CA) was dated 5-1-15, 3 days before the first billable visit on 5-4-15.</li> <li>2. CR 2, SOC 5-15-15, contained a POC for the CP 5-15 to 7-13-15. The SOC CA was dated 5-15-15, 3 days before the first billable visit on 5-18-15.</li> <li>3. CR 3, SOC 4-23-15, contained a POC for the CP 4-23 to 6-21-15. The SOC CA was dated 4-23-15, 7 days before the first billable visit on 4-30-15.</li> <li>4. CR 4, SOC 5-15-15, contained a POC</li> </ol>	G 334	<p>All staff were inserviced that the comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care. Comprehensive assessment to include nursing skills/services provided documented within the narrative section of the assessment. Initial visit and comprehensive assessment will be done on the same visit. Visit is a billable visit. Visit is SOC date. For the next 30 days 100% of all new admissions will be audited to ensure this standard is met. Quarterly, 10% of admissions will be audited to ensure this standard is met. Administrator/DON will be responsible for monitoring these corrective actions to ensure the standard is met and will not recur.</p>	06/15/2015

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N 000  Bldg. 00	<p>for the CP 5-15 to 7-13-15. The SOC CA was dated 5-15-15, 7 days before the first billable visit on 5-22-15.</p> <p>5. CR 5, SOC 5-15-15, contained a POC for the CP 5-15 to 7-13-15. The SOC CA was dated 5-15-15, 1 day before the first billable visit on 5-16-15.</p> <p>6. CR 6, SOC 4-8-15, contained a POC for the CP 4-8 to 6-6-15. The SOC CA was dated 4-8-15, 1 day before the first billable visit on 4-9-15.</p> <p>7. CR 7, SOC 5-22-15, contained a POC for the CP 5-22 to 7-20-15. The SOC CA was dated 5-22-15, 7 days before the first billable visit visit on 5-29-15.</p> <p>8. On 6-1-15 at 1:45 PM, administrator/nursing supervisor, Employee A, indicated the above CRs had the comprehensive assessment/OASIS done before the 1st normally billable visit (when care is furnished) rather than no more than 5 days after the start of care date (defined as the first billable visit).</p>	N 000		

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N 458 Bldg. 00	<p>This visit was for a home health agency state initial licensure survey.</p> <p>Survey dates: 5-26, 5-27, 5-28, 5-29, and 6-1-2015.</p> <p>Facility Number: IN013640</p> <p>Census:     8 Active patients               2 Discharged patients               10 Total</p> <p>Sample :     Record reviews with home visit: 4                Record reviews without home visit: 6                Total: 10</p> <p>QR: JE 6/4/15</p> <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</p>			

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	<p>pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on policy review, personnel file review, and interview, the agency failed to ensure agency policy was followed and employees received orientation to agency policies, procedures, and their specific job duties for 3 of 4 non supervisor nurse employees whose personnel files were reviewed (A, B and E).</p> <p>Finding included:</p> <p>1. Policy, "Orientation Program", adopted 5-19-15, states, "All staff, volunteers, and members of the Board of Directors new to this HHA [home health agency] participate in a general orientation program before assuming any job responsibilities and duties ... Department orientation and appropriate job training is provided to anyone new to a department and includes content not covered during general orientation as well as content that is unique to the role of the new, transferred, or cross-trained staff member."</p> <p>2. Personnel file A, administrator, date of hire (DOH) 11-1-14, date of first patient contact 5-15-15, failed to evidence the agency had provided</p>	N 458	<p>Administrative staff have jointly reviewed with all employees the employee handbook. All employees of D-Best Home Care have discussed and signed acknowledgement of employee handbook. All employees of D-Best Home Care have reviewed and signed orientation program acknowledgement specific to their job responsibilities and duties. 100% of all new hire employees will receive orientation to agency, policies, procedures, and their specific job duties prior to assuming job duties. 100% employee files will be complete and audited prior to assuming job duties. Administrator/DON will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.</p>	06/15/2015

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	<p>orientation to the position of administrator.</p> <p>3. Personnel file B, alternate administrator and alternate nursing supervisor, DOH 11-1-14, failed to evidence the agency had provided orientation to the positions of alternate administrator and alternate nursing supervisor.</p> <p>4. Personnel file E, staff registered nurse, DOH 11-1-14, date of first patient contact 5-16-15, failed to evidence the agency had provided orientation to the position of staff registered nurse.</p> <p>5. On 6-1-15 at 1:45 PM, administrator/nursing supervisor, Employee A, indicated the agency used the policies in its policy binder as the agency expectation until the governing body adopted the policies. The administrator indicated the above employees personnel files did not contain evidence a general and job specific orientation had been conducted prior to employees assuming their responsibilities.</p>			

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N 460  Bldg. 00	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on policy review, personnel file review, and interview, the agency failed to ensure the personnel file of the nursing supervisor contained documentation of orientation to the job of nursing supervisor for 1 of 1 nursing supervisor file reviewed (A).</p> <p>Finding included:</p> <p>1. Policy, "Orientation Program", adopted 5-19-15, states, "All staff, volunteers, and members of the Board of Directors new to this HHA participate in a general orientation program before assuming any job responsibilities and duties ... Department orientation and appropriate job training is provided to anyone new to a department and includes</p>	N 460	<p>Administrative staff have jointly reviewed with all employees the employee handbook. All employees of D-Best Home Care have discussed and signed acknowledgement of employee handbook. All employees of D-Best Home Care have reviewed and signed orientation program acknowledgement specific to their job responsibilities and duties. 100% of all new hire employee files will be complete and audited prior to assuming job duties Administrator/DON will be responsible for monitoring these corrective actions to ensure the deficiency is corrected and will not recur.</p>	06/15/2015

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N 464 Bldg. 00	<p>content not covered during general orientation as well as content that is unique to the role of the new, transferred, or cross-trained staff member."</p> <p>2. Personnel file A, nursing supervisor, date of hire (DOH) 11-1-14, date of first patient contact 5-15-15, failed to evidence the agency had provided orientation to the position of nursing supervisor.</p> <p>3. On 6-1-15 at 1:45 PM, administrator/nursing supervisor, Employee A, indicated the nursing supervisor personnel file did not contain documentation of an orientation prior to assuming job duties.</p> <p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result</p>			

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	<p>was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with:</p> <p>(A) a documented:</p> <p>(i) history of tuberculosis;</p> <p>(ii) previously positive test result for tuberculosis; or</p> <p>(iii) completion of treatment for tuberculosis;</p> <p>or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on policy review, personnel file review, review of Center for Disease Control (CDC) tuberculosis (TB) skin</p>	N 464	Administrative staff have jointly reviewed and inserviced all staff that all employees having direct patient contact shall receive baseline TB screening upon hire	06/15/2015

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	<p>testing guidelines, and interview, the agency failed to ensure direct care providers' TB test reports were read between 48 to 72 hours and the employee had a negative TB skin test report within the previous 12 months before hire for 1 of 1 non-positive TB responders (A).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Policy "Tuberculosis Screening Program", adopted 5-19-15, states, "All healthcare workers shall receive baseline TB screening upon hire, using two-step tuberculin skin test using Mantoux method or a quanteferon-TB assay unless the individual has documentation that a tuberculin skin test has been applies at any time during the previous 12 months and the result was negative ... Reference "Centers for Disease Control and Prevention (CDC), Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005."</li> <li>2. Policy "Professional Standards and Principles", adopted 5-19-15, states, "D-Best Care HHA [home health agency] and its staff comply with accepted professional standards and principles that apply to the healthcare providers providing care, treatment, and services in this HHA."</li> </ol>		<p>and priorto first patient contact using two-step tuberculin test using Mantoux method ora quanteferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous 12 months and the result was negative. Administrative staff have jointly approved Record of TB form to include date and time given, date and time read, mm induration, Lot #/ expiration date, signature of person administering, and signature of person reading Tuberculosis skin test. All employees having direct patient contact have been given a PPD tuberculosis skin test with correct documentation unless current negative chest x-ray was provided 100% of all new hire files will be complete and audited prior to first patient contact to include negative first step PPD Tuberculosis skin test per policies and procedure guidelines to ensure standards are met. Administrator/DON will be responsible for monitoring these corrective actions to ensure this standard ismet and will not recur.</p>	

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N 520	<p>410 IAC 17-13-1(a)</p> <p>3. CDC Guidelines for Control and Prevention of TB "Tuberculosis Skin Testing Fact Sheet", last reviewed / updated September 2012, states, "The skin test reaction should be read between 48 and 72 hours after administration ... A patient who does not return within 72 hours will need to be rescheduled for another skin test."</p> <p>4. Personnel file A, the administrator and nursing supervisor, date of hire 11-1-14, date of first patient contact 5-15-15, contained a record of a one step Tuberculin (TB) skin test administered 1-15-15 and read on 1-17-15 with result of 0 mm (millimeters) induration. The TB test document failed to evidence the time of the administration on 1-15-15 and the time of the reading on 1-17-15.</p> <p>5. The Administrator, on 6-1-15 at 1:45 PM, indicated the agency should not have accepted Employee A's 1-17-15 TB skin test result as it was not valid. The administrator indicted the agency should have required a two-step TB skin test upon hire. The administrator indicated the agency follows CDC guidelines.</p>			

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Bldg. 00	<p><b>Patient Care</b></p> <p>Rule 13 Sec. 1(a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the home health agency in the patient's place of residence.</p> <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the agency only admitted patients with orders for services the agency could provide for 2 of 8 active clinical records reviewed (1 and 6).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Policy "Intake Service", adopted on 5-19-15, states, "HHA [Home Health Agency] accepts only those patients for care, treatment, and/or services whose identified needs can be reasonably met in the patient's place of residence."</li> <li>2. Policy "Care Planning", adopted 5-19-15, states, "Clinical Services are implemented in accordance with a plan of care that is established by a physician's written orders, in accordance with the HHA policy."</li> <li>3. Clinical record (CR) 1, start of care (SOC) 5-1-15, contained a plan of care (POC) for the certification period (CP) 5-1 to 6-29-15 with referral order dated</li> </ol>	N 520	<p>All staff have been inserviced on intake and care planning policy and procedure. Intake policy states that HHA accepts only those patients for care treatment, and/or services whose identified needs can be reasonably met in the patients place of residence. Care planning policy states clinical services are implemented in accordance with a plan of care that is established by a physician's written orders. 100% of all referrals will go through the approval of the clinical administrator/director prior to acceptance. No patient will be accepted if the agency cannot meet that patients' needs as described within the company's policies and procedures. All new admissions will be reviewed within one week of referral to ensure standards are met. Administrator/DON will be responsible for monitoring these corrective actions to ensure this standard is met and will not recur</p>	06/15/2015

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	<p>4-22-15 from acute care hospital for "PT [physical therapy] / OT [occupational therapy] / ST [speech therapy] eval. [evaluate] and treat for 4 weeks." The clinical record failed to evidence evaluation by PT, OT, and ST.</p> <p>4. CR 6, SOC 4-8-15, contained a POC for the CP 4-8- to 6-6-15 with referral order dated 4-1-15 from acute care hospital for "PT/OT eval and treat." The clinical record failed to evidence evaluation by PT or OT.</p> <p>5. On 6-1-15 at 1:45 PM, administrator/nursing supervisor, Employee A, indicated the agency does not provide any therapy services and does not have arrangements for therapy evaluations and services. Administrator indicated the therapy evaluations ordered for CR 1 and 6 had not been done.</p>			