

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 01/17/2013
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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 home health federal complaint investigation survey.</p> <p>Complaint #: IN00121369 - Unsubstantiated: Lack of sufficient evidence. A deficiency unrelated to the allegation is cited.</p> <p>Survey date: 1/16-17/2013</p> <p>Facility #: 012120</p> <p>Medicaid Vendor: 200944890</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>January 29, 2013</p>	G0000		
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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, 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 4 records reviewed (#2 and 4) with the potential to affect all the patients of the agency receiving home health aide services.</p> <p>Findings include:</p> <p>1. Clinical record #2 included a plan of care dated 9/9/12 - 11/7/12 with orders for home health aide services "5 hours/day X [times] 6 days X 9 weeks up to 30 hours/week to assist with personal care, bathing, dressing ... and to maintain a clean and safe environment." The record failed to evidence any baths were given the weeks of 9/9/12 and 9/30/12.</p> <p>On 1/17/2013 at 2:00 PM, employee M, the alternate administrator, indicated the home health aide notes did not evidence a bath had been given during those weeks.</p>	G0158	The Director of Nursing has provided education and in servicing to all home health aide staff on the need to follow the Plan of Care as outlined by the Registered Nurse Case Manager and documenting the care on the aide assignment sheet. The Director of Nursing will do 100% audit on all home health aide documentation to ensure that the home health aide is documenting care provided as outlined on the Plan of Care by Registered Nurse Case Manager. Quarterly audits will be performed with a minimal of 10% of the home health aide visit record to observe for compliance with correct documentation of Plan of Care. The DON has instructed and re-educated the aides (chart #2 and chart #4) on the need of following the Plan of Care and that deletions or additions to the assignment can only be done by the RN Case Manager. The Director of Nursing will be responsible of the monitoring and completion of these measures to correct deficiency and prevent it from recur.	02/15/2013	

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	<p>2. Clinical record #4 included plans of care dated 10/22/13 - 12/20/13 and 12/21/12 - 2/18/13 with orders for home health aide services "8 hours/day X 7 days/week X 9 weeks up to 56 hrs/week to assist with personal care, bathing ... mouth care, assist with ambulation... to maintain a clean and safe environment." The record failed to evidence mouth care had been given the weeks of 11/25/13, 12/9/12, 12/16/12, 12/23/12, and 12/30/12.</p> <p>3. The undated agency policy titled "Home Health Aide Services" states, "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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N0000	<p>This was a home health state complaint investigation survey.</p> <p>Complaint #: IN00121369 - Unsubstantiated: Lack of sufficient evidence. A deficiency unrelated to the allegation is cited.</p> <p>Survey date: 1/16-17/2013</p> <p>Facility #: 012120</p> <p>Medicaid Vendor: 200944890</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">January 29, 2013</p>	N0000			

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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 4 records reviewed (#2 and 4) with the potential to affect all the patients of the agency receiving home health aide services.</p> <p>Findings include:</p> <p>1. Clinical record #2 included a plan of care dated 9/9/12 - 11/7/12 with orders for home health aide services "5 hours/day X [times] 6 days X 9 weeks up to 30 hours/week to assist with personal care, bathing, dressing ... and to maintain a clean and safe environment." The record failed to evidence any baths were given the weeks of 9/9/12 and 9/30/12.</p> <p>On 1/17/2013 at 2:00 PM, employee M, the alternate administrator, indicated the home health aide notes did not evidence a bath had been given during those weeks.</p>	N0522	<p>The Director of Nursing has provided education and in servicing to all home health aide staff on the need to follow the Plan of Care as outlined by the Registered Nurse Case Manager and documenting the care on the aide assignment sheet. The Director of Nursing will do 100% audit on all home health aide documentation to ensure that the home health aide is documenting care provided as outlined on the Plan of Care by Registered Nurse Case Manager. Quarterly audits will be performed with a minimal of 10% of the home health aide visit record to observe for compliance with correct documentation of Plan of Care. The DON has instructed and re-educated the aides (chart #2 and chart #4) on the need of following the Plan of Care and that deletions or additions to the assignment can only be done by the RN Case Manager. The Director of Nursing will be responsible of the monitoring and completion of these measures to correct deficiency and prevent it from recurring</p>	02/15/2013			

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