

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157633	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2013
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NAME OF PROVIDER OR SUPPLIER HOPE HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 W 80TH LN MERRILLVILLE, IN 46410
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N000000	<p>This was a home health state complaint investigation.</p> <p>Complaint IN00128619: Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey Date: May 29 - 30, 2013</p> <p>Facility # 012444</p> <p>Medicaid #: NA</p> <p>Surveyors: Ingrid Miller, MSN, BSN, RN Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 5, 2013</p>	N000000		
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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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N000494	<p>410 IAC 17-12-3(a)(1)&(2) Patient Rights Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: (1) Provide the patient with a written notice of the patient's right: (A) in advance of furnishing care to the patient; or (B) during the initial evaluation visit before the initiation of treatment. (2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure patients had been informed verbally of their rights in 2 of 5 records reviewed (#3 and #5) creating the potential to affect all future admissions to the agency.</p> <p>The findings</p> <ol style="list-style-type: none"> On 5/29/13 at 8:05 PM, patient #5 indicated not being informed verbally of the patient rights prior to the start of care. On 5/30/13 at 8:45 AM, patient #3 indicated not being informed verbally of the patient rights at admission prior to the start of care. 	N000494	<ol style="list-style-type: none"> All admitting RN's have been summoned for a mandatory meeting. The administrator and DON explained to them the importance of informing the patients of their rights and to make sure they are communicating these rights to the patients. It was explained to them that they must read and explain the patient's rights and not just give them a copy of the policy. The deficiency will be prevented from recurring by having either the DON or a delegated nurse in the office contact patients prior to admission and verbally inform the patients of their rights. The admitting RN will also show the patients the "patient's rights and responsibilities" policy that is already included in the admission 	06/10/2013			

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	<p>3. The agency policy titled "Patient rights / Advance directives" with no effective date stated, "It is the Agency's policy to honor patients' wishes regarding medical treatments whenever possible ... the agency respects patient's rights in accordance with the Medicare conditions of participation ... Prior to formal admission, the registered nurse conducting the initial assessment visit will inform the patient and / or surrogate verbally and in writing of all patients rights and responsibilities."</p> <p>4. On 5/30/13 at 3:45 PM, the administrator indicated the patients need to be informed verbally of the patient rights.</p>		<p>booklet given to the patient on admission.</p> <p>3) The DON will be responsible for making sure current and future admitting RN's understand and carry out this requirement.</p> <p>4) This deficiency has been corrected as of 6/10/13.</p>	

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N000502	<p>410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (C) Place a complaint with the department regarding treatment or care furnished by a home health agency.</p> <p>Based on document review and interviews, the agency failed to ensure the patient had been informed of the availability of the toll free hotline for 1 of 5 records (#3) reviewed with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. On 5/30/13 at 8:45 AM, patient #3 indicated not being informed of the state department toll free hotline.</p> <p>2. The agency booklet titled "Hope Home Health Care, Inc." with no effective date included "Patient's Rights and Responsibilities. This document stated, "All patients of Hope Home Health Care, Inc. have the right to be informed in advance of the services provided by the Agency of their rights and responsibilities related to home health care services. A. Patient's Rights As part of Hope Home Health, Inc. you have the right to ... 10. ... Be informed of the availability of the</p>	N000502	<p>1) All admitting RN's have been summoned for a meeting. The administrator and DON explained to them the importance of informing the patients of the availability of the Indiana State Home Health Agency Hotline to answer or accept all of their complaints.</p> <p>2) The deficiency will be prevented from recurring by having either the DON or a delegated nurse in the office contact patients prior to admission and verbally inform the patients of their rights. The admitting RN will also show the patients the Indiana State Home Health Agency Hotline telephone number located in the "patient's rights and responsibilities" policy that is included in the admission booklet given to the patient on admission.</p> <p>3) The DON will be responsible for making sure current and future admitting RN's understand and carry out this requirement.</p> <p>4) This deficiency has been</p>	06/10/2013			

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	<p>Indiana State Home Health Agency Hotline."</p> <p>3. On 5/30/13 at 3:45 PM, the administrator indicated the patients need to be informed verbally of the patient rights.</p>		corrected as of 6/10/13.		

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N000514	<p>410 IAC 17-12-3(c) Patient Rights Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on policy and agency document review and interview, the agency failed to ensure all complaints were documented and investigated and the resolution to the complaint is documented for 1 of 1 agency with the potential to affect all agency patients.</p> <p>Findings</p> <p>1. An agency document titled "Client Evaluation through phone calls for active patient only" with patient #5's name and a date of 5/24/13 and signature of Employee F, Registered Nurse (RN), stated, "His / her PT [physical therapist] was supposed to come only showed up one time and never came back." This information was logged from a phone</p>	N000514	<p>1) The administrator and DON conducted a meeting together and agreed that both of them will document complaints that they receive. They will also go back and document previous complaints received as far as they remember. 2) The deficiency will be prevented from recurring by making sure every complaint is documented within 24 hours from being received as per the policy on client's complaints. 3) The administrator will be responsible for making sure that the DON as well as herself document all complaints they receive. 4) This deficiency has been corrected as of 6/10/13.</p>	06/10/2013			

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	<p>conversation between patient #5 and Employee F.</p> <p>2. On 5/29/13 at 8:05 PM, patient #5 indicated complaining to Employee J, RN, that Employee 0, physical therapist, had only made one visit to the patient when the therapy services were stopped. The patient was not aware physical therapy services had stopped.</p> <p>3. On 5/30/13 at 3 PM, Employee F, RN, indicated patient # 5 had made a complaint that the physical therapist had only visited the patient once. He indicated passing the complaint on to the alternate administrator.</p> <p>4. On 5/30/13 at 3:25 PM, the alternate administrator indicated no complaints have been documented since 2011 including the complaint of patient #5. He stated, "I will re-evaluate how this is done."</p> <p>5. On 5/30/13 at 3:45 PM, the administrator indicated she does not get involved in the complaint process. She indicated the alternate administrator was handling all complaints.</p> <p>6. The agency policy titled "Policy on Clients' Complaints" with no effective date stated, "All client complaints should</p>			

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	<p>be directed to either the nursing director or the administrator. The complaints must be written in our 'Patient complaint form' and reviewed and addressed and signed by the DON [director of nursing] or administrator within 24 hours. The resolution should be listed after appropriate actions is documented ... the complaints should be reviewed monthly for corrective measures."</p> <p>7. The agency booklet titled "Hope Home Health Care, Inc." with no effective date included "Patient's Rights and Responsibilities. This document stated, "All patients of Hope Home Health Care, Inc. have the right to be informed in advance of the services provided by the Agency and of their rights and responsibilities related to home health care services. A. Patient's Rights As part of Hope Home Health, Inc. you have the right to ... 7. Have Hope Home Health Care, Inc. investigate complaints regarding treatment or care that is or was not furnished or regarding the lack of respect for your property by our staff and document both existence and resolution of such complaints. "</p> <p>8. The agency document folder titled "Complaint Log" had no complaints filed since 2011.</p>			

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	An agency document titled "Patient complaint form" with no effective dated showed a form for the purpose of writing a narrative complaint, action taken, and follow - up with the name of the agency representative and date. No documents like this were in the complaint book for 2012 or 2013.			

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N000596	<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 Based on personnel record review and interview, the agency failed to ensure the home health aide met the competency evaluation requirement for 1 of 1 aide employed by the agency with the potential to affect all the patients receiving home health aide services. (I)</p> <p>The findings include:</p> <p>1. Personnel record I , date of hire and first patient contact 10/24/11, evidenced a document titled "Competency Assessment Skills checklist" dated 10/24/11 and date completed 12/7/11. The document was signed by employee I. There was no documentation that any competency validation had been completed. This line on the form was blank.</p> <p>2. On 5/30/13 at 3:45 PM, the administrator indicated the home health</p>	N000596	<p>1) All the active HHA's/CNA's have been summoned to attend a mandatory in-service. All aides will be required to re-take the competency evaluation and the DON will validate each competency evaluation. Also, all aides will be required to demonstrate proper techniques in regards to patient care.</p> <p>2) All HHA's/CNA's upon hire and prior to making their first visit will be required to complete the competency evaluation and demonstrate proper techniques.</p> <p>3) The DON and/or the Alternate DON will make sure this happens according to the HHHC policy in compliance with state/federal regulations.</p> <p>4) This deficiency will be corrected as of 6/14/13.</p>	06/14/2013			

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	aide competency was not completed with a skills check off list prior to first patient contact.			