

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157641	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/29/2012
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NAME OF PROVIDER OR SUPPLIER VALCO HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E86TH ST, ,SUITE 55-B INDIANAPOLIS, IN 46240
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N0000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: November 27-29, 2012</p> <p>Facility Number: 003413</p> <p>Surveyors: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 7 Home Health Aide Only: 51 Personal Care Only: 0 Total: 58</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 6, 2012</p>	N0000		
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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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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 policy review, record review, and interview, the agency failed to ensure treatments were provided as ordered in 2 of 5 records reviewed with the potential to affect all patients of the agency who receive Skilled Nursing services (#1 and #2).</p> <p>Findings include:</p> <p>1. Facility policy titled "Care Planning Process" policy number CLIN2004 dated 08/22/2011 states, "The clinical plan of care includes: ... D. Goals/outcomes to be achieved ... G. Activities permitted. The plan of care will be based upon the physician's (or other authorized licensed independent practitioner's) orders and will encompass the equipment, supplies, and services required to meet the patient's needs."</p> <p>2. Facility policy titled "Physician Participation in Plan of Care" policy number CLIN2005 dated 08/22/2011 states, "1. Physician (or other authorized</p>	N0522	<p>11/30/12 The nursing staff was educated by the Clinical Director on "Care Planning Process" policy number CLIN2004 dated 8/22/11. Emphasis was placed on the importance of having physicians orders for all procedures, assessments and skilled care provided. Additionally, on 11/30/12 nursing staff also educated by Clinical Director on "Physician Participation in Plan of Care" policy CLIN2005 Emphasis was placed on the importance of the plan of care being inclusive of all procedures, treatments and skilled care provided. Starting 12/14/12 all skilled plans of care will be audited and corrected as indicated by sending written orders to the physician for any vitals signs, treatments, procedures, and skilled nursing care being performed that had not been included in the POC. Beginning 12/14/12 100% of all skilled clinical records will be audited by the Clinical Director for the period of three months (March 15, 2013) at admission, recertification and resumption for evidence that all treatments, procedures and nursing care specific to the patient's needs will</p>	03/15/2013	

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	<p>licensed independent practitioner) orders will be individualized, based on patient's needs, and include: B. Treatments and/or procedures needed ... E. A description of any medical, physical, psychosocial, or environmental precautions, limitations, and activities permitted."</p> <p>3. Clinical record #1, start of care 9/17/07, contained a plan of care for the certification periods dated 09/25/12 - 11/22/12 and 11/23/12 - 01/21/13 with orders that state, "SNV [Skilled Nursing Visit] 1W9 [once a week for 9 weeks], 2 prn [2 as necessary], acute status changes or changes in medications. SN [Skilled Nurse] to do weekly medication set ups and monitor compliance. SNV for recertification of Home Health Services through VALCO every 55-60 days per Medicaid regulations. During certification visit SN to observe and assess mental, psychosocial, neurological, cardiac, pulmonary, GI/GU status. SN to perform pain assessment, evaluate home safety, review medications and report pertinent findings to physician." Review of the Skilled Nursing Visit Notes evidenced the following:</p> <p>A. Vital Signs were taken on 10/4/12,</p>		<p>be included in the plan of care as ordered by the physician. Ongoing this deficiency will be incorporated into the PI program and 10% clinical record review audited on a quarterly basis. The Clinical Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		

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	<p>10/11/12, 10/18/12, 10/25/12, 11/1/12, 11/7/12, and 11/14/12. The record failed to evidence an order for Vital Signs.</p> <p>On 11/29/12 at 5:15 PM, employee XX, Registered Nurse, indicated there was no order for Vital Signs.</p> <p>B. Cardiovascular, Respiratory, Digestive, Musculoskeletal, Neurosensory, and Genitourinary assessments were completed on 10/4/12, 10/11/12, 10/18/12, 10/25/12, 11/1/12, 11/7/12, and 11/14/12. The record failed to evidence an order for weekly Cardiovascular, Respiratory, Digestive, Musculoskeletal, Neurosensory, and Genitourinary assessments.</p> <p>On 11/29/12 at 5:16 PM, employee XX, Registered Nurse, indicated there was no order for weekly Cardiovascular, Respiratory, Digestive, Musculoskeletal, Neurosensory, and Genitourinary assessments.</p> <p>4. Clinical record #2, start of care 3/15/12, contained a plan of care for the certification periods dated 09/07/12 - 11/05/12 and 11/06/12 - 01/04/13 with orders that state, "SN [Skilled Nursing]:</p>			

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	<p>Up to 12-16 hours per day x [times] 7 days per week. SN to observe/assess vital signs, patient status. Tx [treat] and monitor compliance related to the following conditions: living arrangement / safety, knowledge deficit, endocrine, integumentary, cardiac, respiratory, nutrition, GI/GU, management and evaluation of complex plan of care, musculoskeletal, ADLS/IADLS, Medication." Review of the Adult Skilled Nursing Note evidenced the following:</p> <p>A. Catheter care was preformed on 10/1/12, 10/2/12, 10/3/12, 10/4/12, 10/5/12, 10/6/12, 10/7/12, 10/8/12, 10/9/12, 10/10/12, 10/12/12, 10/13/12, 10/14/12, 10/15/12, 10/16/12, 10/17/12, 10/19/12, 10/20/12, 10/21/12, 10/22/12, 10/23/12, 10/24/12, 10/25/12, 10/26/12, 10/27/12, 10/28/12, 10/29/12, 10/30/12, 10/31/12, 11/1/12, 11/2/12, 11/3/12, 11/4/12, 11/5/12, 11/6/12, 11/7/12, 11/8/12, 11/9/12, 11/10/12, 11/11/12, 11/12/12, 11/13/12, 11/14/12, and 11/15/12. The record failed to evidence an order for catheter care.</p> <p>On 11/29/12 at 5:17 PM, employee XX, Registered Nurse, indicated there was no</p>				

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	<p>order for catheter care.</p> <p>B. Trach care was preformed on 10/1/12, 10/2/12, 10/3/12, 10/4/12, 10/5/12, 10/6/12, 10/7/12, 10/8/12, 10/9/12, 10/10/12, 10/12/12, 10/13/12, 10/14/12, 10/15/12, 10/16/12, 10/17/12, 10/19/12, 10/20/12, 10/21/12, 10/22/12, 10/24/12, 10/25/12, 10/26/12, 10/27/12, 10/28/12, 10/29/12, 10/30/12, 10/31/12, 11/1/12, 11/2/12, 11/3/12, 11/4/12, 11/5/12, 11/6/12, 11/7/12, 11/8/12, 11/9/12, 11/10/12, 11/11/12, 11/12/12, 11/13/12, 11/14/12, and 11/15/12. The record failed to evidence an order for trach care.</p> <p>On 11/29/12 at 5:18 PM, employee XX, Registered Nurse, indicated there was no order for trach care.</p> <p>C. The record failed to evidence musculoskeletal assessment documentation for 10/6/12, 10/17/12, 11/2/12, 11/13/12, and 11/14/12.</p> <p>On 11/29/12 at 5:19 PM, employee XX, Registered Nurse, indicated there was no documentation for musculoskeletal assessment.</p>						

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N0610	<p>410 IAC 17-15-1(a)(7) Clinical Records Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry.</p> <p>Based on clinical record review and interview, the agency failed to ensure all entries were accurate in 1 of 5 records reviewed of patients who received skilled services with the potential to affect all patients receiving services (#3).</p> <p>The findings include:</p> <ol style="list-style-type: none"> Clinical record #3 included documentation the start of care was 9/2/10 and the patient received skilled services between 9/21/12 and 11/19/12. A second document indicated the start of care was 11/28/11 and the patient received skilled services between 11/20/12 and 1/18/12. During an interview on 11/29/12 at 5:20 PM, employee XX, Registered Nurse, indicated the Start of Care date should have been 11/28/11. Employee XX indicated the 9/2/10 Start of Care date was incorrect. 	N0610	<p>11/30/12 the nursing staff was educated by the Clinical Director on the accuracy, completeness, and legibility of all entries into the clinical record. Beginning 12/14/12 100% of all clinical records at admission, recertification, and resumption will be audited by the Clinical Director for the period of three months (March 15, 2013) for evidence that all entries are accurate, legible, and complete. Ongoing this deficiency will be incorporated into the PI program and 10% of clinical record review audited on a quarterly basis. The Clinical Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	03/15/2013			

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