

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157596	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2013
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NAME OF PROVIDER OR SUPPLIER INCARE HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 425 JOLIET ST STE 312 DYER, IN 46311
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G000000	<p>This was a home health federal complaint investigation.</p> <p>Complaint IN00133861 - Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Survey Date: August 9, 2013</p> <p>Facility #: 7377</p> <p>Medicaid #: 200873250</p> <p>Surveyors: Ingrid Miller, MS, BSN, RN Public Health Nurse Surveyor</p> <p>Incare Home Healthcare Inc. is precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning August 16, 2013, to August 16, 2015, due to being found out of compliance with the Conditions of Participation 42 CFR 484.20 Reporting OASIS Information.</p> <p>Skilled Patients: 130 Home Health Aide only patients: 0 Personal service only patients: 0</p> <p>Quality Review: Joyce Elder, MSN, BSN,</p>	G000000		
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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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RN	August 16, 2013			

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G000320	<p>484.20 REPORTING OASIS INFORMATION HHAs must electronically report all OASIS data collected in accordance with §484.55</p> <p>Based on agency document review, clinical record review, Indiana State Department of Health document review, and interview, it was determined the agency failed to ensure OASIS data had been transmitted within 30 days of completing an assessment in 5 of 5 records reviewed of patients that received skilled services and required OASIS data be collected and transmitted to the state creating the potential to affect all of the agency's current patients that are required to have OASIS data collected and transmitted (see G 321 and G 324).</p> <p>The cumulative effect of these systemic problems resulted in the agency being found out of compliance with the Condition of Participation 42 CFR 484.20 Reporting OASIS Information.</p>	G000320	Thr administrator and DON have made a plan to ensure that all oasis' are submitted to the state with-in 30 days after the assesment date. At the first of every month, one assigned designated person will submit oasis' for the month prior. A transmittal log book will be kept for record keeping purposes of all oasis submissions. The Administrator and DON are responsible for ensuring that this defieny is corrected from this point forward and does not occur agsin	08/13/2013			

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G000321	<p>484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of transmitting OASIS data for each agency patient within 7 days of completing an OASIS data set.</p> <p>Based on agency document review, clinical record review, Indiana State Department of Health (ISDH) document review, and interview, the agency failed to ensure OASIS data had been transmitted within 30 days of completing an assessment in 5 (patients # 1 - 5) of 5 records reviewed of patients that received skilled services and required OASIS data be collected and transmitted to the state creating the potential to affect all of the agency's current patients that are required to have OASIS data collected and transmitted.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1 included a start of care comprehensive assessment completed by the Registered Nurse (RN) on 12/1/12, a transfer completed by the RN on 1/11/13, a resumption of care completed by the RN on 1/11/13, and a recertification assessment completed on 3/26/13. 2. Clinical record #2 included a start of care comprehensive assessment 	G000321	Thr administrator and DON have made a plan to ensure that all oasis' are submitted to the state with-in 30 days after the assesment date. At the first of every month, one assigned designated person will submit oasis' for the month prior. A transmittal log book will be kept for record keeping purposes of all oasis submissions. The Administrator and DON are responsible for ensuring that this defieny is corrected from this point forward and does not occur agsin	08/13/2013	

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	<p>completed by the RN on 2/22/13, a recertification assessment completed by the RN on 4/19/13, and a recertification assessment completed by the RN on 6/18/13.</p> <p>3. Clinical record #3 included a start of care comprehensive assessment completed by RN on 6/5/13.</p> <p>4. Clinical record #4 included a start of care comprehensive assessment completed by the RN on 2/28/13, a transfer assessment completed by the RN on 3/13/13, a resumption of care completed by the RN on 3/16/13, a transfer oasis completed by the RN on 3/27/13, a resumption of care assessment completed by the RN on 4/5/13, and a discharge assessment completed by the RN on 4/9/13.</p> <p>5. Clinical record #5 included a start of care comprehensive assessment completed by on 3/15/13 and discharge assessment completed by the RN on 5/10/13.</p> <p>6. ISDH documents listing agencies which had not transmitted in the previous month for March, April, May, June, and July failed to evidence the OASIS data gathered at the time of the assessment had been transmitted to the ISDH or that any</p>						

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	<p>assessments had been transmitted by the agency for 5 months.</p> <p>7. The director of nursing, Employee A, and the alternate director of nursing, Employee B, were unable to provide any transmission validation reports when asked on 8/9/13 at 1:10 PM.</p> <p>8. Via phone call, on 8/9/13 at 12:50 PM, the administrator indicated the OASIS data gathered at the time of the assessments and completed by the RN had not been transmitted to the state.</p> <p>9. ISDH documents evidenced the OASIS Education Coordinator called the facility on 4/4/13 at 12:01 PM and 6/6/13 at 11:30 AM to inform them the state had received no OASIS assessments from them since February.</p> <p>10. The agency document titled "Outcome and assessment Information set OASIS - C Guidance Manual" with a revised date of December 2011 from the Centers for Medicare and Medicaid services stated, "Appendix E - Data reporting regulation ... 42 484.20 Condition of participation: reporting OASIS information ... Once the comprehensive standard has been completed and OASIS data collected, the HHAs [home health agencies] enter the</p>			

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	OASIS information into the computer system, which we call 'encoding." All the time points of the OASIS assessments have a uniform time frame of 30 days from the date the assessment is completed ... for encoding and submitting the data ... CMS requires that the HHA electronically transmit the accurate, completed, and encoded date to the State agency within 30 days of the completion of the assessment."				

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G000324	<p>484.20(c)(2) TRANSMITTAL OF OASIS DATA The HHA must, for all assessments completed in the previous month, transmit OASIS data in a format that meets the requirements of paragraph (d) of this section.</p> <p>Based on agency document review, clinical record review, Indiana State Department of Health (ISDH) document review, and interview, the agency failed to ensure OASIS data had been transmitted to the state in 5 (patients # 1 - 5) of 5 records reviewed of patients that received skilled services and required OASIS data to be collected and transmitted creating the potential to affect all of the agency's current patients that are required to have OASIS data collected and transmitted.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1 included a start of care comprehensive assessment completed by the Registered Nurse (RN) on 12/1/12, a transfer completed by the RN on 1/11/13, a resumption of care completed by the RN on 1/11/13, and a recertification assessment completed on 3/26/13. 2. Clinical record #2 included a start of 	G000324	Thr administrator and DON have made a plan to ensure that all oasis' are submitted to the state with-in 30 days after the assesment date. At the first of every month, one assigned designated person will submit oasis' for the month prior. A transmittal log book will be kept for record keeping purposes of all oasis submissions. The Administrator and DON are responsible for ensuring that this deficiency is corrected from this point forward and does not occur agsin	08/13/2013			

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	<p>been transmitted to the ISDH or that any assessments had been transmitted by the agency for 5 months.</p> <p>7. The director of nursing, Employee A, and the alternate director of nursing, Employee B, were unable to provide any transmission validation reports when asked on 8/9/13 at 1:10 PM.</p> <p>8. Via phone call, on 8/9/13 at 12:50 PM, the administrator indicated the OASIS data gathered at the time of the assessments and completed by the RN had not been transmitted to the state.</p> <p>9. ISDH documents evidenced the OASIS Education Coordinator called the facility on 4/4/13 at 12:01 PM and 6/6/13 at 11:30 AM to inform them the state had received no OASIS assessments from them since February.</p> <p>10. The agency document titled "Outcome and assessment Information set OASIS - C Guidance Manual" with a revised date of December 2011 from the Centers for Medicare and Medicaid services stated, "Appendix E - Data reporting regulation ... 42 484.20 Condition of participation: reporting OASIS information ... Once the comprehensive standard has been completed and OASIS data collected, the</p>			

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