

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157009	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2012
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NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY HEALTH DEPARTMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 715 GREEN RD MADISON, IN 47250
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G0000	<p>This visit was for a home health federal recertification survey. This was a partial extended survey.</p> <p>Survey dates: 8/14-8/17/12</p> <p>Facility # 005251 Medicaid# 10027310A</p> <p>Survey Team:</p> <p>Dawn Snider, RN, PHNS</p> <p>Census Service Type:</p> <p>Skilled Patients: 15 Home Health Aide Only Patients: 29 Personal Service Only Patients: 73 Total: 117</p> <p>Sample:</p> <p>RR w HV: 5 1 patient received 2 HV for different disciplines. RR w/o HV:5 Total RR: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 22, 2012</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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2012

FORM APPROVED

OMB NO. 0938-0391

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G0108	<p>484.10(c)(1) RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.</p> <p>The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>The HHA must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the patient was informed of the proposed frequency of visits and the care to be furnished for 6 of 10 records reviewed (#1, 3, 4, 6, 9 and 10) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1, start of care 7/19/12, evidenced a document titled, "Admission Service Agreement Home Health that failed to include the frequency of visits or the care to be furnished. 2. Clinical record #3, start of care 7/11/12, evidenced a document titled, "Admission Service Agreement Home Health" that failed to include the 	G0108	<p>A policy will be instituted that states," the Section "Professional Services" on the Comprehensive Assessment will be completed upon admission, and will include the discipline that will furnish care and the frequency of the visits. This form will be reviewed with the patient, explaining the discipline that will furnish care and the frequency of the visits. The patient and nurse will sign the form before services are started."</p> <p>All charts will be reviewed for evidence that the "Professional Services" on the comprehensive Assessment Agreement has been completed and that the nurse and patient signed this form. The nurse will complete the "Professional Services" on a new Comprehensive Assessment, for any patient that does not have the form in their</p>	09/30/2012	

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	<p>frequency of visits or the care to be furnished.</p> <p>3. Clinical record #4, start of care 4/28/11, evidenced a document titled, "Admission Service Agreement Home Health" signed by the patient and not dated, that failed to include the frequency of visits or the care to be furnished.</p> <p>4. Clinical record #6, start of care 8/9/06, evidenced a document titled, "Admission Service Agreement" that failed to include the frequency of visits or the care to be furnished.</p> <p>5. Clinical record #9, start of care 7/2/12, evidenced a document titled, "Admission Service Agreement Home Health" that failed to include the frequency of visits or the care to be furnished.</p> <p>6. Clinical record #10, start of care 8/11/11, evidenced a document titled, "Admission Service Agreement Home Health" that failed to include the frequency of visits or the care to be furnished.</p> <p>7. The undated policy titled "Patient Participation in Plan of Treatment" states, "The patient has the right to be informed, in advance, about the care to be furnished, and of any changes in the care to be</p>		<p>chart.</p> <p>Nursing staff will be in-serviced on this policy by the Administrator.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.</p>		

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	<p>furnished. The Home Health Division will advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished."</p> <p>8. On 8/16/12 at 3:50 PM, the nursing supervisor and the registered nurse indicated the frequency and services were not be found on the admission service agreement which is signed by the patient at the time of admission.</p>				

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G0145	<p>484.14(g) COORDINATION OF PATIENT SERVICES A written summary report for each patient is sent to the attending physician at least every 60 days.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure a summary report had been sent to the physician at least every 60 days for 1 of 3 (#2) records reviewed of patients receiving skilled nursing services more than 60 days with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care 6/8/12, failed to evidence the registered nurse completed and sent a 60 day summary report to the physician. 2. 8/16/12 at 9:30 AM, the nursing supervisor indicated patient #2 had not had a 60 day summary sent to the physician. 3. The undated policy titled "Plan of Treatment" states, "IV. The physician who is responsible for the care of the patient, ... but in any instance, at least once every 60 days. 	G0145	<p>A "late dated" 60 day summary was sent to the physician for the patient this was found to be missing.</p> <p>A chart audit will be completed on every chart to assure that each patient has had a 60 day summary completed. The nurse will complete a "late dated" 60 day summary and send it to the physician for any patient found to not be in compliance with this policy.</p> <p>Nursing staff will be in-serviced on this deficiency by the Administrator, stressing the importance of double checking dates on 60 day summary's to assure that they are completed within the 60 day deadline.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.</p>	09/30/2012			

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	4. The undated policy titled " Clinical Records" states, "h Written summary to the physician of patient's condition every sixty(60) days. (Included in the Plan of Treatment)"			

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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, observation, and interview, the agency failed to ensure visits were made as ordered and only treatments ordered on the plan of care were provided 4 of 5 (#1, 2, 8, and 9) patients receiving skilled nursing care with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care (SOC) 7/19/12, included a plan of care established by the physician for the certification period 7/19/12-9/16/12 that failed to evidence an order for pulse oximetry.</p> <p>On 8/14/12 at 3:25 PM during a home visit, the nursing supervisor was observed to perform a pulse oximetry on the patient.</p> <p>2. Clinical record #2, SOC 6/8/12, included a plan of care for the certification period 6/8/12-8/6/12 that failed to evidence a current medical plan</p>	G0158	<p>Our policy states," Services are to be provided as specified under a plan of treatment established and regularly reviewed by the physician, who is responsible for the care of the patient. Home visits are made as ordered and only treatments ordered on the plan of treatment will be provided."</p> <p>Nursing staff will be in-serviced, by the Administrator, about the above policy. Visits are made as ordered and only treatments ordered on the plan of treatment are to be provided. Specifically, a Pulse Oximetry will only be performed on those patients who have an order for pulse oximetry. Home health aides will be in-serviced that they are to provide home visits for the length of time ordered by the physician. Any change in the length of their visit is to be immediately brought to the attention of the supervising nurse.</p> <p>All charts will be audited for evidence that visits have been made as ordered and that treatments being provided have been ordered.</p>	09/30/2012	

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	<p>of care.</p> <p>A. On 8/16/12 at 9:30 AM, the nursing supervisor indicated the medical plan of care had not been updated for the current certification period for patient #2.</p> <p>B. The plan of care had orders for home health aide 1 hour 3-5 times a week times 9 weeks. The home health aide failed to visit the patient for 1 hour as ordered on 7/5/12,7/13/12,7/23/12,7/26/12,7/27/12, 8/1/12, and 8/2/12.</p> <p>3. Clinical record # 8, SOC 9/16/11, included a plan of care for the certification period of 7/2/12-9/9/12 that failed to evidence an order for pulse oximetry. The skilled nurse notes documented pulse oximetry results on 7/9/12, 7/12/12, 7/19/12, 7/26/12, 8/2/12, and 8/9/12.</p> <p>4. Clinical record #9, SOC 7/2/12, included a plan of care for the certification period of 7/2/12-8/30/12 that failed to evidence an order for pulse oximetry. The skilled nurse notes documented pulse oximetry results on 7/2/12, 7/5/12, 7/12/12, and 8/2/12.</p> <p>5. The undated policy titled "Plan of Treatment" states, "VI. Original orders of</p>		The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.		

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	a physician and all changes in orders are signed by the physician and incorporated in the patient's chart."			

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G0159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record and policy review, the agency failed to ensure all patients had an individualized plan of care for 1 of 5 (#2) active clinical records reviewed receiving skilled services with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care 6/8/12, included a plan of care for the certification period 6/8/12-8/6/12 that failed to evidence a current medical plan of care. The record evidenced the patient was receiving skilled services from the agency. 2. The undated policy titled "Plan of Treatment" states, "I. There must be a physician in charge of every patient where skilled nursing care is given on more than 	G0159	<p>A "late dated" Plan of Treatment was sent to the physician for signature on the patient this was found to be missing.</p> <p>A chart audit will be completed on every chart to assure that each patient has a current Plan of Treatment. The nurse will complete a "late dated" Plan of Treatment and send it to the physician for signature on any patient found to not be in compliance with this policy.</p> <p>Nursing staff will be in-serviced on this deficiency by the Administrator, stressing the importance of double checking dates on plan of treatments to assure that they are up to date.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will</p>	09/30/2012	

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	the first initial assessment visit."		be on-going.		

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G0337	<p>484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on clinical record review and interview, the agency failed to ensure the medication profile was accurate for 1 of 10 records reviewed (#3) with the potential to affect all the patients of the agency.</p> <p>Findings:</p> <p>1. Clinical record # 3, start of care 7/11/12, evidenced the medications Humalog 15 units + sliding scale SQ (subcutaneous) tid (three times a day) before meals, Lantus 65 units SQ bid (two times a day), and Clonazepam 1 mg orally every day on the plan of care with a certification period of 7/11/12 - 9/8/12. The medication administration record failed to evidence the medication Clonazepam and the dose for Humalog was 20 units + sliding scale SQ tid before meals and Lantus 40 units SQ bid. The medication administration record was signed by the registered nurse on 7/11/12.</p>	G0337	<p>The nursing supervisor corrected the inaccurate medication profile on the one patient chart found to have this deficiency.</p> <p>Every patient chart will be audited to make certain that the medication profile is accurate and consistent with the plan of treatment. Any inaccuracy will be corrected on the medication profile.</p> <p>Nursing staff will be in-serviced by the Administrator on the importance of accurate medication profiles and the need to pay special attention to assure that medications that are listed on the plan of treatment are also on the medication profile.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.</p>	09/30/2012	

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	2. On 8/17/12 at 9:50 AM, the nursing supervisor indicated the medication list did not contain the above medications.			

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N0504	<p>410 IAC 17-12-3(b)(2)(D)(i) 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: (D) Be informed about the care to be furnished, and of any changes in the care to be furnished as follows: (i) The home health agency shall advise the patient in advance of the: (AA) disciplines that will furnish care; and (BB) frequency of visits proposed to be furnished.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the patient was informed of the proposed frequency of visits and the care to be furnished for 6 of 10 records reviewed (#1, 3, 4, 6, 9 and 10) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 7/19/12, evidenced a document titled, "Admission Service Agreement Home Health that failed to include the frequency of visits or the care to be furnished.</p> <p>2. Clinical record #3, start of care 7/11/12, evidenced a document titled, "Admission Service Agreement Home Health" that failed to include the</p>	N0504	<p>A policy will be instituted that states," the Section "Professional Services" on the Comprehensive Assessment will be completed upon admission, and will include the discipline that will furnish care and the frequency of the visits. This form will be reviewed with the patient, explaining the discipline that will furnish care and the frequency of the visits. The patient and nurse will sign the form before services are started."</p> <p>All charts will be reviewed for evidence that the "Professional Services" on the comprehensive Assessment Agreement has been completed and that the nurse and patient signed this form. The nurse will complete the "Professional Services" on a new Comprehensive Assessment, for any patient that does not have the form in their</p>	09/30/2012	

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	<p>frequency of visits or the care to be furnished.</p> <p>3. Clinical record #4, start of care 4/28/11, evidenced a document titled, "Admission Service Agreement Home Health" signed by the patient and not dated, that failed to include the frequency of visits or the care to be furnished.</p> <p>4. Clinical record #6, start of care 8/9/06, evidenced a document titled, "Admission Service Agreement" that failed to include the frequency of visits or the care to be furnished.</p> <p>5. Clinical record #9, start of care 7/2/12, evidenced a document titled, "Admission Service Agreement Home Health" that failed to include the frequency of visits or the care to be furnished.</p> <p>6. Clinical record #10, start of care 8/11/11, evidenced a document titled, "Admission Service Agreement Home Health" that failed to include the frequency of visits or the care to be furnished.</p> <p>7. The undated policy titled "Patient Participation in Plan of Treatment" states, "The patient has the right to be informed, in advance, about the care to be furnished, and of any changes in the care to be</p>		<p>chart.</p> <p>Nursing staff will be in-serviced on this policy by the Administrator.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.</p>		

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	<p>furnished. The Home Health Division will advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished."</p> <p>8. On 8/16/12 at 3:50 PM, the nursing supervisor and the registered nurse indicated the frequency and services were not be found on the admission service agreement which is signed by the patient at the time of admission.</p>				

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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, observation, and interview, the agency failed to ensure visits were made as ordered and only treatments ordered on the plan of care were provided 4 of 5 (#1, 2, 8, and 9) patients receiving skilled nursing care with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care (SOC) 7/19/12, included a plan of care established by the physician for the certification period 7/19/12-9/16/12 that failed to evidence an order for pulse oximetry.</p> <p>On 8/14/12 at 3:25 PM during a home visit, the nursing supervisor was observed to perform a pulse oximetry on the patient.</p> <p>2. Clinical record #2, SOC 6/8/12, included a plan of care for the certification period 6/8/12-8/6/12 that failed to evidence a current medical plan</p>	N0522	<p>Our policy states," Services are to be provided as specified under a plan of treatment established and regularly reviewed by the physician, who is responsible for the care of the patient. Home visits are made as ordered and only treatments ordered on the plan of treatment will be provided."</p> <p>Nursing staff will be in-serviced, by the Administrator, about the above policy. Visits are made as ordered and only treatments ordered on the plan of treatment are to be provided. Specifically, a Pulse Oximetry will only be performed on those patients who have an order for pulse oximetry. Home health aides will be in-serviced that they are to provide home visits for the length of time ordered by the physician. Any change in the length of their visit is to be immediately brought to the attention of the supervising nurse.</p> <p>All charts will be audited for evidence that visits have been made as ordered and that treatments being provided have been ordered.</p>	09/30/2012	

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	<p>of care.</p> <p>A. On 8/16/12 at 9:30 AM, the nursing supervisor indicated the medical plan of care had not been updated for the current certification period for patient #2.</p> <p>B. The plan of care had orders for home health aide 1 hour 3-5 times a week times 9 weeks. The home health aide failed to visit the patient for 1 hour as ordered on 7/5/12,7/13/12,7/23/12,7/26/12,7/27/12, 8/1/12, and 8/2/12.</p> <p>3. Clinical record # 8, SOC 9/16/11, included a plan of care for the certification period of 7/2/12-9/9/12 that failed to evidence an order for pulse oximetry. The skilled nurse notes documented pulse oximetry results on 7/9/12, 7/12/12, 7/19/12, 7/26/12, 8/2/12, and 8/9/12.</p> <p>4. Clinical record #9, SOC 7/2/12, included a plan of care for the certification period of 7/2/12-8/30/12 that failed to evidence an order for pulse oximetry. The skilled nurse notes documented pulse oximetry results on 7/2/12, 7/5/12, 7/12/12, and 8/2/12.</p> <p>5. The undated policy titled "Plan of Treatment" states, "VI. Original orders of</p>		The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.		

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	a physician and all changes in orders are signed by the physician and incorporated in the patient's chart."				

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record and policy review, the agency failed to ensure all patients had an individualized plan of care for 1 of 5 (#2) active clinical records reviewed receiving skilled services with the potential to affect all the patients of the agency.</p> <p>Findings include:</p>	N0524	<p>A "late dated" Plan of Treatment was sent to the physician for signature on the patient this was found to be missing.</p> <p>A chart audit will be completed on every chart to assure that each patient has a current Plan of Treatment. The nurse will complete a "late dated" Plan of Treatment and send it to the physician for signature on any patient found to not be in compliance with this policy.</p>	09/30/2012			

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	<p>1. Clinical record #2, start of care 6/8/12, included a plan of care for the certification period 6/8/12-8/6/12 that failed to evidence a current medical plan of care. The record evidenced the patient was receiving skilled services from the agency.</p> <p>2. The undated policy titled "Plan of Treatment" states, "I. There must be a physician in charge of every patient where skilled nursing care is given on more than the first initial assessment visit."</p>		<p>Nursing staff will be in-serviced on this deficiency by the Administrator, stressing the importance of double checking dates on plan of treatments to assure that they are up to date.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.</p>	

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N0529	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the:</p> <p>(A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure a summary report had been sent to the physician at least every 60 days for 1 of 3 (#2) records reviewed of patients receiving skilled nursing services more than 60 days with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care 6/8/12, failed to evidence the registered nurse completed and sent a 60 day summary report to the physician.</p> <p>2. 8/16/12 at 9:30 AM, the nursing supervisor indicated patient #2 had not had a 60 day summary sent to the physician.</p> <p>3. The undated policy titled "Plan of Treatment" states, "IV. The physician who is responsible for the care of the</p>	N0529	<p>A "late dated" 60 day summary was sent to the physician for the patient this was found to be missing.</p> <p>A chart audit will be completed on every chart to assure that each patient has had a 60 day summary completed. The nurse will complete a "late dated" 60 day summary and send it to the physician for any patient found to not be in compliance with this policy.</p> <p>Nursing staff will be in-serviced on this deficiency by the Administrator, stressing the importance of double checking dates on 60 day summary's to assure that they are completed within the 60 day deadline.</p> <p>The Administrator will conduct Quarterly chart audits which will include monitoring for this corrective action and to ensure that it does not recur. These audits will be on-going.</p>	09/30/2012	

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	<p>patient, ... but in any instance, at least once every 60 days.</p> <p>4. The undated policy titled " Clinical Records" states, "h Written summary to the physician of patient's condition every sixty(60) days. (Included in the Plan of Treatment)"</p>				