

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157604	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/18/2012
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NAME OF PROVIDER OR SUPPLIER  ALL AMERICA HOMEHEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 CALUMET AVE MUNSTER, IN 46321
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	<p>This visit was for a home health federal recertification survey.</p> <p>Facility #: 011598</p> <p>Medicaid Vendor #: 200934800</p> <p>Dates of Survey: May 15, 16, 17, and 18, 2012</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Unduplicated Census: 130</p> <p>Number of records reviewed: 10 Number of active records reviewed: 9 Number of closed records reviewed: 1</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 23, 2012</p>	G0000		

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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G0135	<p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities.</p> <p>Based on agency pamphlet review and interview, the agency failed to ensure all documents were accurate for 1 of 1 agencies reviewed with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency pamphlet contained in the admission packet for the agency, verified by Employee A and Employee B to be currently in use, identified the agency offers Physical therapy, Occupational therapy, Respiratory therapy, and Speech Therapy.</li> <li>2. Per interview with Employee B on 5-15-12 at 11:27 AM, the agency does not offer Speech therapy or Respiratory therapy at this time.</li> </ol>	G0135	G135 - The Governing Body met on 6/13/12 and reviewed the present agency pamphlet and agreed to immediately discontinue their use. The Administrator will be responsible for contacting the printer for a revised pamphlet. The printer will be informed to remove Respiratory and Speech therapy from pamphlet. The new pamphlets will be ready by June 20th 2112 for staff use. The Governing Body will be responsible for reviewing all advertising materials prior to mass printing to ensure this does not happen again.	06/13/2012

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N0447	<p>410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (4) Ensure the accuracy of public information materials and activities.</p> <p>Based on agency pamphlet review and interview, the agency failed to ensure all documents were accurate for 1 of 1 agencies reviewed with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>1. The agency pamphlet contained in the admission packet for the agency, verified by Employee A and Employee B to be currently in use, identified the agency offers Physical therapy, Occupational therapy, Respiratory therapy, and Speech Therapy.</p> <p>2. Per interview with Employee B on 5-15-12 at 11:27 AM, the agency does not offer Speech therapy or Respiratory therapy at this time.</p>	N0447	N447 - The Governing Body met on 06/13/12 and reviewed the present agency pamphlet and agreed to immediately discontinue their use. The Administrator will be responsible for contacting the printer for a revised pamphlet. The printer will be informed to remove Respiratory and Speech therapy from pamphlet. the new pamphlets will be ready by June 20, 2012 for staff use. The Governing Body will be responsible for reviewing all advertising materials prior to mass printing to ensure this does not happen again.	06/13/2012			