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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
G 0000 Bldg. 00	This visit was for a home health agency federal recertification survey. This was a partial extended survey on 3-17-2017. Survey Dates: 3-16-17, 3-17, 3-20, 3-21, and 3-22-2017 Facility Number: IN 012412 Medicaid Number: 201013320 Census Service Type: Unduplicated skilled admissions previous 12 months 80 Skilled 33 Home Health Aide Only 0 Personal Care Only 113 Total Survey sample: 5 Record Review with home visit 5 Record review without home visit 10 Total	G 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

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G 0144 Bldg. 00	484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. Based on observation, record review and interview, the agency failed to ensure the clinical record or case conference notes documented the results of coordination of care activities between the agency and an outside provider for 5 of 6 patients who received care from more than one agency, of a total sample of 10 clinical records reviewed (Patient #1, 4, 6, 7, and 10). The findings included: 1. A policy titled "Coordination of Patient Services," last reviewed/revised 1-11-17, stated, "All personnel furnishing services shall maintain liaison to assure that their efforts are coordinated effectively and support the objectives	G 0144	The DON and ADON will conduct an in-service on 4/13/17 with the LCMS nursing staff regarding the necessity of documenting coordination of care between themselves and other health care providers in Communication notes and Recertification documentation at least once per episode. Documentation must include disciplines, frequency and services being provided. Through the Quality Assurance process(QA), the DON, ADON and designee will	04/13/2017

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	outlined in the Plan of Care. This may be done through formal case conferences, maintaining complete, current Care Plans, and written and verbal interaction." 2. The clinical record of patient #1, start of care date of 2-1-17, was reviewed and included a physician's written plan of care for the certification period of 2-1 to 4-1-17. A. During home visit observation of a licensed practical nurse (LPN) on 3-20-17 at 8:00 AM, a registered nurse from an outside medicare agency, person H, a registered nurse, was observed in the home. Person A indicated making skilled nursing visits for wound care, foley care, and management of anticoagulation PT/INR (Prothrombin Time and International Normalized Ratio) lab tests [blood tests to measure blood thinning]. Person A indicated having made early morning visits and occasionally having spoken with agency LPN, employee B, as person A was departing and employee B was arriving. B. Review of the plan of care, visit notes, and communication notes, failed to evidence documentation of the results of coordination of care activities between the two agencies to include		review all communication notes and re-certification documentation to ensure compliance. 10% of clinical charts will be audited quarterly by the DON to further monitor for compliance.	

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	documentation of the information shared when person A and employee B communicated.			
	C. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence documentation of results of coordination of care activities. The administrator stated morning meeting notes did not document specific coordination of care activities for patient #1 and a 60 day case conference had not yet been held.			
	3. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and included a physician's written plan of care for the certification period of 2-5 to 4-5-17.			
	A. Review of the plan of care evidenced patient #4 received attendant care services from an outside agency. The plan of care, visit notes, and communication notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.			
	B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting			

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	notes and case conference notes did not document specific coordination of care activities for patient #4. 4. The clinical record of patient #6, start of care date of 3-6-17, was reviewed and included a physician's written plan of care for the certification period of 3-6 to 5-4-17. A. Review of the plan of care evidenced patient #6 received attendant care services from an outside agency. The clinical record, communication notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies. B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #6. 5. The clinical record of patient #7, start of care date of 4-20-15, was reviewed on 3-22-17, and included a physician's written plan of care for the certification period of 2-8 to 4-8-17.			

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	A. Review of the plan of care evidenced patient #7 received services from an outside agency. The clinical record communication notes, visit notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.			
	B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #7.			
	6. The clinical record of patient #10, start of care date of 10-2-13, was reviewed and included a physician's written plan of care for the certification period of 12-10-16 to 2-7-17.			
	A. Review of the plan of care evidenced patient #10 received attendant care services from an outside agency. The clinical record communication notes, visit notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.			
	B. On 3-22-17 at 4:00 PM, the			

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	nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #10.			
G 0158 Bldg. 00	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. Based on record review and interview, the agency failed to implement its policy related to providing care only when orders from the attending physician had been obtained for 10 of 10 patients whose clinical record was reviewed (Patients #1-10) and based on observation, record review, and interview, the agency failed to ensure the plan of care contained	G 0158	The procedures for SOC, ROC and Re-Certification have been reviewed by the ADON. The procedures have been revised to include obtaining verbal orders prior to providing care. Verbal orders will include the SOC/ROC date, disciplines, frequencies and	04/13/2017

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	orders for oxygen therapy for 2 of 2 patients with home visit observations (Patients #4 and 5), of a total of 5 home visit observations; The findings included: 1. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "Home care services are furnished under the supervision and direction of the patient's physician." 2. Policy, Physician Orders," last reviewed/revised 1-11-17, was reviewed and stated, "All medications, treatments, and services provided to patients must be ordered by a physician. The orders may be initiated via telephone or in writing and must be countersigned by the physician in a timely manner." 3. The clinical record of patient #1 was reviewed, start of care date of 2-1-17, and contained a plan of care with orders for respite skilled nursing services. A. Review of the start of care comprehensive assessment/OASIS dated 2-1-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did		specific orders for care. Verbal orders will be documented in the clinical record, signed and dated by the RN and faxed to the ordering physician for countersignature. The DON and ADON will conduct an in-service on 4/13/17 and provide written instruction to RNCMs regarding the revision. The DON, ADON and designee will review all SOCs, ROCs and Re-Certifications to ensure compliance as part of the regular QA process.	

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	not evidence physician orders for the care of patient #1.			
	B. Review of physician's orders failed to evidence a physician's verbal orders related to disciplines, frequency of visits, and specific physician orders for the care of patient #1.			
	C. Review of visit notes evidenced skilled nursing care was furnished on 2-2 and 2-7-17.			
	D. Review of the document history of the electronic medical record system evidenced the plan of care was created on 2-3-17, finalized and faxed to the attending physician on 2-9-17, and signed by the attending physician on 2-9-17.			
	4. The clinical record of patient #2, start of care date of 1-24-13, was reviewed and contained a plan of care for the certification period 3-4 to 5-2-17, with orders for skilled nursing and home health aide services.			
	A. Review of the recertification comprehensive assessment/OASIS dated 3-1-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did			

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	not evidence physician orders for the care of patient #2.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #2, after expiration of the previous certification period orders on 3-3-17.			
	C. Review of visit notes evidenced skilled nursing furnished care on 3-6-17.			
	D. Review of the plan of care evidenced the plan of care orders were signed by the attending physician on 3-7-17.			
	4. The clinical record of patient #3, start of care date of 3-13-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.			
	A. Review of the start of care comprehensive assessment/OASIS dated 3-13-17, evidenced evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #3.			

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	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #3.			
	C. Review of visit notes evidenced skilled nursing furnished care on 3-13-17, and a home health aide visit was furnished on 3-15-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 3-17-17, and was finalized and faxed to the attending physician on 3-20-17. At time of exit of survey on 3-22-17, the plan of care had not yet been signed by the attending physician.			
	5. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and contained a plan of care for the certification period 2-5 to 4-5-17, with orders for skilled nursing and home health aide services.			
	A. Review of the recertification comprehensive assessment/OASIS dated 2-2-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated			

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	the follow-up comprehensive assessment was not sent to the attending physician.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #4 after expiration of the previous certification period orders on 2-4-17.			
	C. Review of visit notes evidenced a home health aide furnished care on 2-6-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 2-6-17, was finalized and faxed to the attending physician on 2-8-17, and was signed by the attending physician on 2-9-17.			
	E. During a home visit observation of a registered nurse (RN) on 3-21-17 at 10 AM, the patient was observed to be using oxygen at 2 liters per minute by nasal cannula.			
	F. Review of the plan of care failed to evidence a physician order for oxygen, to include setting and method of delivery.			
	6. The clinical record of patient #5, start			

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	of care date of 11-15-16, was reviewed and contained a plan of care for the certification period of 1-14 to 3-14-17, with orders for skilled nursing services.
	
	    A. Review of the recertification comprehensive assessment/OASIS, dated 1-13-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician.
	
	    B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #5 after expiration of the previous certification period orders on 1-13-17.
	
	    C. Review of visit notes evidenced skilled nursing furnished care on 1-14, 1-15, 1-16, and 1-17-17, prior to return of the plan of care with physician signature dated 1-18-17.
	
	    D. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have oxygen therapy via tracheotomy collar at 2 liters per minute. Review of the plan of care for the certification period of 1-14 to 3-14-17, failed to evidence a physician			

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	order for oxygen, to include setting and method of delivery.			
	7. The clinical record of patient #6, start of care date of 3-6-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.			
	A. Review of the start of care comprehensive assessment/OASIS dated 3-14-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #6.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #6.			
	C. Review of visit notes evidenced home health aides had furnished care on 3-14, 3-15, 3-17, 3-18, 3-20, 3-21, and 3-22-17, and a skilled nursing visit was made on 3-14-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan			

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	of care was created on 3-20-17, and was finalized and faxed to the attending physician on 3-22-17.

 8. The clinical record of patient #7, start of care date of 4-20-15, was reviewed and contained a plan of care for the certification period of 2-8 to 4-8-17.

    A. Review of the recertification comprehensive assessment dated 2-7-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the follow-up comprehensive assessment was not sent to the attending physician.

    B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the follow-up assessment of patient #7 after the expiration of the physician orders on the previous certification period which expired on 2-7-17.

    C. Review of visit notes evidenced care was furnished on 2-8 and 2-9-17.

    D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 2-14-17.

 9. The clinical record of patient #8, start | | | |

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	of care date of 1-11-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services. A. Review of the start of care comprehensive assessment/OASIS dated 1-11-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #8. B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #8. C. Review of visit notes evidenced home health aide visits were furnished on 1-23, 1-24, 1-25, 1-26, 1-27, 1-28, 1-29, 1-30, 1-31, 2-1, 2-2, 2-3, 2-4, and 2-5-17, and skilled nursing care was furnished on 1-14-17 and 1-30-17. D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 2-6-17. 10. The clinical record of patient #9, start of care date of 3-13-17, was			

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	reviewed and contained a plan of care with orders for home health aide services.
	
	    A. Review of the start of care comprehensive assessment dated 2-7-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #9.
	
	    B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #9.
	
	    C. Review of visit notes evidenced home health aide visits were furnished on 3-14, 3-15, and 3-16-17.
	
	    D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 3-22-17.
	
	11. The clinical record of patient #10, start of care date of 10-2-13, was reviewed and contained a plan of care for the certification period of 12-10-16 to 2-7-17, with orders for skilled nursing and home health aide services.			

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	A. Review of the recertification comprehensive assessment/OASIS dated 12-9-16, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician. B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the follow-up assessment of patient #10 after the expiration of the physician orders on the previous plan of care certification period plan which expired on 12-9-16. C. Review of visit notes evidenced care was furnished by a home health aide on 12-11-16, by a home health aide and skilled nurse on 12-12-16, and care was furnished by a home health aide and skilled nurse on 12-13-16. D. Review of the plan of care evidenced the attending physician had signed the plan of care orders on 12-14-16. 12. On 3-22-17 at 4:00 PM, the nursing supervisor stated the agency staff had			

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	furnished care to the above patients without first obtaining specific physician orders for the disciplines, frequency of visits, and specific care orders by verbal order or written order at the time of the assessment, and prior to the return of a physician signed plan of care with written orders for care.			
G 0159 Bldg. 00	484.18(a) PLAN OF CARE 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.

Based on record review and interview, the agency failed to ensure the plan of care correctly identified the start of care date and certification period(s) for 6 of 10 patients whose clinical record was reviewed (Patients # 1, 4, 6, 7, 8, and 9); | G 0159 | The ADON reviewed the procedure for determining the SOC date. The SOC date is the date of the first billable visit. Establishing the SOC date as the first billable visit was added to | 04/13/2017 |

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	and failed to ensure plan of care orders contained a frequency of visit order greater than zero (0) for 1 of 10 patients whose clinical record was reviewed (Patient #10).

The findings included:

1. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "An individualized Plan of Care signed by a physician shall be required for each patient receiving home health ... services. The Plan of Care shall be completed in full to include: a. All pertinent diagnosis(es), principle and secondary, including date of onset. b. Mental Status. c. Type, frequency, and duration of all visits/services ... t. Other appropriate items."

2. The clinical record of patient #1, start of care date of 2-1-17, (defined as the first billable visit), was reviewed on 3-20-17. The clinical record evidenced a physician's plan of care with a start of care of 2-1-17, and certification period 2-1 to 4-1-17, with orders for skilled nursing (SN) services.

A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 2-1-17. | | the admission process. On 4/13/17 the DON and ADON are providing written and verbal instructions for determining the SOC date to RNCMs. The DON, ADON and their designee will review all SOCs to ensure that SOC date is correct and that the dates of the certification period are appropriate for the SOC date.
The ADON reviewed the procedure for documenting frequencies of visits. Frequencies of zero "0" had been included. Ranges that include a frequency of zero are not allowed. On 4/13/17 the DON and ADON will provide written and verbal instructions to all RNCMs with notification that frequency of "0" is not allowed; if no visit is to be made during any week in the episode, that week will be omitted in the orders for frequencies. The DON, ADON and their designee will review all SOCs, ROCs and Re-Certifications to ensure that frequencies of 0 are not included. | |

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	B. Review of the visit notes evidenced the first billable visit was by a licensed practical nurse on 2-2-17. The correct start of care date should have been 2-2-17, and the correct certification period should have been 2-2 to 4-2-17. 3. The clinical record of patient #4, start of care date of 9-15-15, (defined as the first billable visit), was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care with a start of care of 9-15-15, and certification period 10-14 to 12-12-15, with orders for SN services. A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 9-18-15. B. Review of the visit notes evidenced the first billable visit was by a SN on 10-20-15. The correct start of care date should have been 10-20-15, and the correct certification period should have been 10-20-15 to 12-18-15. 4. The clinical record of patient #6, start of care date 3-6-17, (defined as the first billable visit), was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care with a start of			

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	care of 3-6-17, and certification period 3-6 to 5-4-17, with orders for SN and HHA services.
	
	    A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 3-14-17.
	
	    B. Review of the visit notes evidenced the first billable visit was by a skilled nurse on 3-14-17. The correct start of care date should have been 3-14-17, and the correct certification period should have been 3-14 to 5-12-17.
	
	 5. The clinical record of patient #7, start of care date 4-20-15(defined as the first billable visit), was reviewed on 3-22-17. The clinical record evidenced a physician's plan of care with a start of care of 4-20-15, and certification period 4-20 to 6-18-15, with orders for SN and HHA services.
	
	    A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 4-20-15.
	
	    B. Review of the visit notes evidenced the first billable visit was by a registered nurse on 4-30-15. The correct start of care date should have been 4-30-			

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	15, and the correct certification period should have been 4-30 to 6-28-15.

6. The clinical record of patient #8, start of care date 1-11-17, (defined as the first billable visit), was reviewed on 3-22-17. The clinical record evidenced a physician's plan of care with a start of care of 1-11-17, and certification period 1-11 to 3-11-17, with orders for SN and HHA services.

  A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 1-11-17.

  B. Review of the visit notes evidenced the first billable visit was by a HHA on 1-23-17. The correct start of care date should have been 1-23-17, and the correct certification period should have been 1-23 to 3-23-17.

7. The clinical record of patient #9, start of care date 3-13-17, (defined as the first billable visit), was reviewed on 3-22-17. The clinical record evidenced a physician's plan of care with a start of care of 3-13-17, and certification period 3-13 to 5-11-17, with orders for HHA services.

  A. Review of assessments evidenced | | | |

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	a start of care comprehensive assessment was performed on 2-7-17. B. Review of the visit notes evidenced the first billable visit was by a HHA on 3-14-17. The correct start of care date should have been 3-14, and the correct certification period should have been 3-14 to 5 12-17. 8. The clinical record of patient #10, start of care date of 10-2-13, was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care for the certification period 12-10-16 to 2-7-17, with an order for "SN: [skilled nursing] Weeks #1; 0 visits, Weeks #2-9, 4 days/week (1 hour per visit) Week #10, 2 days/week (1 hour per visit) for observation, assessment, and to change dressing on sacral wound." 9. On 3-22-17 at 4:00 PM, the nursing supervisor verified the above findings and stated the start of care date and certification period dates are appropriate information to be documented on the plan of care. The nursing supervisor stated the agency had used the date of the comprehensive assessment to establish the start of care date, although no billable visit had occurred. The administrator stated not being aware the use of a frequency of zero was not an acceptable			

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	frequency of visits for plan of care orders. The administrator stated there was no further documentation to present for review.			
G 0170 Bldg. 00	484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on observation, record review, and interview, the agency failed to ensure the registered nurse dispensed medications in the patient's medication set up container in accordance with agency policy and according to the plan of care orders for 1 of 5 patients with home visit observations (Patient #4) of a sample of 10 patients whose clinical records were reviewed. The findings included:	G 0170	The ADON reviewed the Medication Set-up Policy. No revisions were required. The DON and ADON will conduct in-services with all nursing staff on 4/13/17, providing written and verbal instruction regarding the policy that medication be set-up in accordance with the Plan of Care and that each medication be	04/13/2017

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	1. Policy, "Medication Set Up Policy," last reviewed/revised 1-11-17, was reviewed and stated, "staff setting up medications will follow accepted standards of practice ... the nurse must always read the pharmacy labels carefully whether he/she is filling a med planner or administering the medication. The nurse should then compare the medication labels to the 485, medication list, and/or MAR [medication administration record] before administering the medication or filling the med planner."

2. The clinical record of patient #4, start of care date of 9-15-15, was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care with a start of care of 9-15-15, and certification 10-14 to 12-12-15, with orders for skilled nursing services.

    A. During a home visit observation of a registered nurse (RN) on 3-21-17 at 10 AM, the registered nurse was observed to dispense 400 mg Guaifenesin oral tablet into patient #4' medication set up container.

    B. Review of the plan of care medication orders evidenced Guaifenesin 600 mg oral tablet, 1 tablet, two times a day, orally. | | compared to the Plan of Care to confirm dose, route and frequency. RNCMs have been instructed to review medications and the Plan of Care at each supervisory visit, at time of re-certification and when alerted to changes in medical or treatment regimen and make appropriate revisions to the Plan of Care to ensure that each patient receives nursing care in accordance with the Plan of Care. The DON, ADON and designee will review the clinical record during QA to monitor for compliance. | |

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	3. On 3-21-17 at 2:00 PM, the nursing supervisor indicated the registered nurse failed to compare the medication label with the medication order, as required by agency policy, to ensure the correct dosage of the Guaifenesin had been dispensed in patient #4's the medication set up container.			
G 0173 Bldg. 00	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. Based on observation, record review, and interview, the registered nurse failed to initiate necessary revisions to the plan of care to obtain orders to change a patient's gastrostomy tube and to change a patient's tracheotomy tube for 1 of 1 patient home observations of patient with a gastrostomy tube and a tracheotomy tube (Patient #5), and failed to initiate revisions to the plan of care related to oxygen in use for 2 of 5 patients for whom home visits were made (Patients # 4 and 5) of a sample of 10 patients whose	G 0173	The ADON reviewed the procedure for initiating and revising the POC. No revisions were made. The DON and ADON will conduct in-services on 4/13/17 with all RNs on initiating and revising the Plan of Care. RNs were instructed to include complete orders for all medications, treatments, disciplines and equipment in the Plan of Care and that the plan of care be revised	04/13/2017

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	clinical records were reviewed.

The findings included:

1. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have a tracheotomy and a gastrostomy tube.

   A. Review of the plan of care for the certification period of 1-14 to 3-14-17, failed to evidence a physician order for the tracheotomy tube to be changed each 2 months, and for the gastrostomy tube to be changed each 2 months.

   B. During interview with employee E, the registered nurse in the home, on 3-21-17 at 12 noon, the employee indicated having changed the gastrostomy tube and tracheotomy tube 2 months after the start of care date of 11-15-16.

   C. On 3-22-17 at 4:00 PM, the nursing supervisor stated the registered nurse should have initiated updating the plan of care to obtain physician orders to change the tracheotomy tube and gastrostomy tube periodically as directed.

2. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and contained a plan of care for the certification period 2-5 to 4-5-17, with | | accordingly when any changes are made to the patient's equipment, disciplines, medical or treatment regimen. The DON and ADON will review all POCs to ensure that they contain all required elements and revisions. | |

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	orders for skilled nursing and home health aide services.
	
	    A. During a home visit observation of a registered nurse (RN) on 3-21-17 at 10 AM, the patient was observed to be using oxygen at 2 liters per minute by nasal cannula.
	
	    B. Review of the plan of care failed to evidence the RN had initiated revisions to the plan of care to obtain a physician order for oxygen, to include setting and method of delivery.
	
	3. The clinical record of patient #5, start of care date of 11-15-16, was reviewed and contained a plan of care for the certification period of 1-14 to 3-14-17, with orders for skilled nursing services.
	
	    A. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have oxygen therapy via tracheotomy collar at 2 liters per minute.
	
	    B. Review of the plan of care failed to evidence the RN had initiated revisions to the plan of care to obtain a physician order for oxygen, to include setting and method of delivery.
	
	3.			

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G 0331 Bldg. 00	484.55(a)(1) INITIAL ASSESSMENT VISIT A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. Based on record review and interview, the agency failed to ensure the registered nurse completed an initial assessment visit before agency services were furnished for 9 of 10 patients whose clinical record was reviewed (Patients#1, 2, 3, 5, 6, 7, 8, 9, and 10). The findings included: 1. The clinical records of patient #1, start of care date of 2-1-17, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support. 2. The clinical records of patient #2, start of care date of 1-24-13, was	G 0331	The ADON reviewed the policy and procedure for Initial Assessments. The policy was revised to include that an Initial Assessment will be performed by an RN within 48 hours of referral, 48 hours of return home or on the physician ordered start of care date. The Initial Assessment visit must be completed before services are Provided. The DON and ADON will be notified of all referrals and will ensure that an Initial Assessment is completed within the required time frames.	04/13/2017

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LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

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	reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	3. The clinical records of patient #3, start of care date of 3-13-17, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	4. The clinical records of patient #5, start of care date of 11-15-16, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	5. The clinical records of patient #6, start of care date of 3-6-17, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	6. The clinical records of patient #7, start of care date of 4-20-15, was reviewed. The clinical record failed to evidence a registered nurse had			

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NAME OF PROVIDER OR SUPPLIER LIFE CARE MEDICAL SOLUTIONS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 25 ARTIST DRIVE NASHVILLE, IN 47448		

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	performed an initial assessment to determine the patient's immediate care needs and support.			
	7. The clinical records of patient #8, start of care date of 1-11-17, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	8. The clinical records of patient #9, start of care date of 3-13-17, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	9. The clinical records of patient #10, start of care date of 10-2-13, was reviewed. The clinical record failed to evidence a registered nurse had performed an initial assessment to determine the patient's immediate care needs and support.			
	10. On 3-22-17 at 4:00 PM, the nursing supervisor indicated the agency had not performed and documented an initial assessment for each patients after having received a referral, and prior to determining eligibility of the patient for			

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	agency services. The administrator indicated the agency did not conduct initial assessments and only conducted comprehensive assessments and/or OASIS/comprehensive assessments at the start of care. The administrator indicated there was no further documentation to present to be reviewed.			
G 0334 Bldg. 00	484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.			
	Based on record review and interview, the agency failed to ensure the comprehensive assessment was performed no more than 5 days after the start of care date for 5 of 10 patients whose clinical records were reviewed (Patients #1, 4, 7, 8, and 9). The findings included: 1. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "An individualized Plan of	G 0334	The ADON reviewed the policy for "Plan of Care." The policy was revised to include that Comprehensive Assessments will be completed no more than five (5) days after the SOC date. The ADON will conduct an in-service with all RNs on 04/13/1917. RNs will be instructed to ensure that Comprehensive Assessments are completed in a timely	04/13/2017

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	Care signed by a physician shall be required for each patient receiving home health ... services. The Plan of Care shall be completed in full to include: a. All pertinent diagnosis(es), principle and secondary, including date of onset. b. Mental Status. c. Type, frequency, and duration of all visits/services ... t. Other appropriate items."

2. The clinical record of patient #1, start of care date of 2-1-17, (defined as the first billable visit), was reviewed on 3-20-17. The clinical record evidenced a physician's plan of care with a start of care of 2-1-17, and certification period 2-1 to 4-1-17, with orders for skilled nursing (SN) services.

   A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 2-1-17.

   B. Review of the visit notes evidenced the first billable visit was by a licensed practical nurse on 2-2-17. The correct start of care date should have been 2-2-17. The comprehensive assessment was performed 1 day prior to the correct date of establishment of a start of care.

3. The clinical record of patient #4, start | | manner, consistent with the patient's immediate needs, but no later than five (5) days after the SOC date. The DON and ADON will review all SOCs and Re-certifications to ensure that the Comprehensive Assessments are completed in required timeframe. | |

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	of care date of 9-15-15, (defined as the first billable visit), was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care with a start of care of 9-15-15, and certification period 10-14 to 12-12-15, with orders for SN services.

A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 9-18-15.

B. Review of the visit notes evidenced the first billable visit was by a SN on 10-20-15. The correct start of care date should have been 10-20-15. The comprehensive assessment was performed approximately 35 days prior to the correct date of establishment of a start of care.

4. 7 The clinical record of patient #7, start of care date 4-20-15(defined as the first billable visit), was reviewed on 3-22-17. The clinical record evidenced a physician's plan of care with a start of care of 4-20-15, and certification period 4-20 to 6-18-15, with orders for SN and HHA services.

A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 4- | | | |

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	20-15.
	
	   B. Review of the visit notes evidenced the first billable visit was by a registered nurse on 4-30-15. The correct start of care date should have been 4-30-15. The comprehensive assessment was performed 10 days prior to the correct date of the establishment of a start of care.
	
	5. The clinical record of patient #8, start of care date 1-11-17, (defined as the first billable visit), was reviewed on 3-22-17. The clinical record evidenced a physician's plan of care with a start of care of 1-11-17, and certification period 1-11 to 3-11-17, with orders for SN and HHA services.
	
	   A. Review of assessments evidenced a start of care comprehensive assessment/OASIS was performed on 1-11-17.
	
	   B. Review of the visit notes evidenced the first billable visit was by a HHA on 1-23-17. The correct start of care date should have been 1-23-17. The comprehensive assessment was performed 12 days prior to the correct date of the establishment of a start of care.			

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	6. The clinical record of patient #9, start of care date 3-13-17, (defined as the first billable visit), was reviewed on 3-22-17. The clinical record evidenced a physician's plan of care with a start of care of 3-13-17, and certification period 3-13 to 5-11-17, with orders for HHA services. A. Review of assessments evidenced a start of care comprehensive assessment was performed on 2-7-17. B. Review of the visit notes evidenced the first billable visit was by a HHA on 3-14-17. The correct start of care date should have been 3-14-17. The comprehensive assessment was performed 37 days prior to the correct date of the establishment of a start of care. 7. On 3-22-17 at 4:00 PM, the nursing supervisor verified the above findings and stated the agency had used the date of the comprehensive assessment to establish the start of care date, although no billable visit had occurred. The administrator stated the above comprehensive assessment had been completed prior to the correct start of care date. The administrator stated there was no further documentation to be reviewed.			

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N 0000 Bldg. 00	This visit was for a home health agency state re-licensure survey. This was a partial survey on 3-17-2017. Survey Dates: 3-16-17, 3-17, 3-20, 3-21, and 3-22-2017 Facility Number: IN 012412 Medicaid Number: 201013320 Census Service Type: Unduplicated skilled admissions previous 12 months 80 Skilled 33 Home Health Aide Only 0 Personal Care Only 113 Total Survey sample:	N 0000		

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	5 Record Review with home visit 5 Record review without home visit 10 Total			
N 0449 Bldg. 00	410 IAC 17-12-1(c)(6) Home health agency administration/management Rule 12 Sec. 1(c)(6) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (6) Ensure that the home health agency meets all rules and regulations for licensure. Based on record review and interview, the administrator failed to implement agency policy related to tuberculosis skin testing to evaluate tuberculosis status for 2 of 6 direct care providers whose personnel file was reviewed (employees A and B); based on observation, record review and interview, the administrator failed to ensure the clinical record or case conference notes documented the results of coordination of care activities between the agency and an outside provider for 5	N 0449	<!--[if gte mso 9]><xml>\n <o:OfficeDocumentSettings>\n <o:AllowPNG/>\n </o:OfficeDocumentSettings>\n</xml><![endif]--><!--[if gte mso 9]><xml>\n <w:WordDocument>\n <w:View>Normal</w:View>\n <w:Zoom>0</w:Zoom>\n <w:TrackMoves/>\n <w:TrackFormatting/>\n <w:PunctuationKerning/>\n <w:ValidateAgainstSchemas/>\n\n<w:SaveIfXMLInvalid>false</w:SaveIfXMLInvalid>	04/13/2017

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	of 6 patients who received care from more than one agency, of a total sample of 10 clinical records reviewed (Patient #1, 4, 6, 7, and 10); based on record review and interview, the administrator failed to implement its policy related to providing care only when orders from the attending physician had been obtained for 10 of 10 patients whose clinical record was reviewed (Patients #1-10); based on observation, record review and interview, the administrator failed to ensure the plan of care contained orders for oxygen therapy for 2 of 2 patients with home visit observations (Patients #4 and 5), of a total of 5 home visit observations; based on observation, record review, and interview, the agency failed to ensure the registered nurse dispensed medications in the patient's medication set up container in accordance with agency policy and according to the plan of care orders for 1 of 5 patients with home visit observations (Patient #4) of a sample of 10 patients whose clinical records were reviewed; based on observation, record review, and interview, the administrator failed to ensure the registered nurse failed to initiate necessary revisions to the plan of care to obtain orders to change a patient's gastrostomy tube and to change a patient's tracheotomy tube for 1 of 1 patient home observations of patient with a gastrostomy tube and a tracheotomy		<w:IgnoreMixedContent>false</w:IgnoreMixedContent>

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FORM APPROVED

OMB NO. 0938-0391

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	tube (Patient #5), of a total of 10 patients whose clinical records were reviewed; based on record review and interview, the agency failed to ensure staff did not retain clinical documentation from a previous episode of care in the active clinical record for 1 of 1 patients who had been discharged and then readmitted (Patients #3) in a total sample of 10 patients.
	
	The findings included:
	
	1. Policy, "Health Screening,", last reviewed/revised 1-11-17, was reviewed and stated, "Each employee having direct contact with patients must have documentation of baseline health screening prior to providing care to patients ... On any employee or contract personnel providing direct patient care, there shall be documentation of completion of a tuberculin (TB) skin test, via the Mantoux method using two-step testing ... a Mantoux skin test will be given at the time of hire and repeated within three weeks of the first test ... TB skin tests shall be evaluated by a Registered Nurse or Licensed Practical/Vocational Nurse, within forty-eight to seventy-two (48-72) hours and documented as "non-significant" (negative) or "significant" (positive) in millimeters of induration."
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	2. "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health -Care Settings", Volume 54, Page 46, Recommendations and Reports-17, 2005, was reviewed and stated "The tuberculin skin test should be read by a designated, trained health care worker 48-72 hours after the tuberculin skin test is placed. If the tuberculin skin test was not read between 48-72 hours, ideally, another tuberculin skin test should be placed as soon as possible and read within 48-72 hours." 3. The personnel file of employee A, was reviewed and evidenced employee A was hired as a registered nurse on 1-18-17, with date of first patient contact of 1-18-17. The confidential health file of employee A contained a TB skin test report which evidenced a TB skin test was administered on 1-3-17, at 10 AM, and was read on 1-5-17, the time of reading failed to be documented, with a result of 0 millimeters, negative. The form evidenced a second step TB skin test was administered on 1-11-17, the time of administration failed to be documented, and was read on 1-13-17, the time of reading failed to be documented, result of 0 millimeters. 4. The personnel file of employee B, was		<w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 7"/> <w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 8"/> <w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 9"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 6"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true"	

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	reviewed and evidenced employee B was hired as a licensed practical nurse on 10-24-16, with date of first patient contact of 10-24-16. The confidential health file of employee B contained a TB skin test report which evidenced a TB skin test was administered on 2-1-17, and was read on 2-3-17, the time of reading failed to be documented, with a result of 0 millimeters. The form failed to evidence the time of administration on 2-1-17, and failed to evidence the time of reading on 2-3-17. The health file failed to evidence a second step TB skin test had been administered and read three weeks after the first step TB skin test, as required by agency policy. The TB skin test result of 2-3-17 was obtained over 3 months after the date of employee B's first patient contact.
	
	5. On 3-22-17 at 4:00 PM, the administrator stated the above cited TB skin test reports were not documented in accordance with agency policy. The administrator stated there was no further documentation to review.
	
	6. A policy titled "Coordination of Patient Services," last reviewed/revised 1-11-17, stated, "All personnel furnishing services shall maintain liaison to assure that their efforts are coordinated effectively and support the objectives
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER LIFE CARE MEDICAL SOLUTIONS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 25 ARTIST DRIVE NASHVILLE, IN 47448

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	outlined in the Plan of Care. This may be done through formal case conferences, maintaining complete, current Care Plans, and written and verbal interaction."
	
	7. The clinical record of patient #1, start of care date of 2-1-17, was reviewed and included a physician's written plan of care for the certification period of 2-1 to 4-1-17.
	
	A. During home visit observation of a licensed practical nurse (LPN) on 3-20-17 at 8:00 AM, a registered nurse from an outside medicare agency, person H, a registered nurse, was observed in the home. Person A indicated making skilled nursing visits for wound care, foley care, and management of anticoagulation PT/INR (Prothrombin Time and International Normalized Ratio) lab tests [blood tests to measure blood thinning]. Person A indicated having made early morning visits and occasionally having spoken with agency LPN, employee B, as person A was departing and employee B was arriving.
	
	B. Review of the plan of care, visit notes, and communication notes, failed to evidence documentation of the results of coordination of care activities between the two agencies to include
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	documentation of the information shared when person A and employee B communicated.

C. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence documentation of results of coordination of care activities. The administrator stated morning meeting notes did not document specific coordination of care activities for patient #1 and a 60 day case conference had not yet been held.

8. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and included a physician's written plan of care for the certification period of 2-5 to 4-5-17.

A.   Review of the plan of care evidenced patient #4 received attendant care services from an outside agency. The plan of care, visit notes, and communication notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.

B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting | | UnhideWhenUsed="true"
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

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	notes and case conference notes did not document specific coordination of care activities for patient #4.

9. The clinical record of patient #6, start of care date of 3-6-17, was reviewed and included a physician's written plan of care for the certification period of 3-6 to 5-4-17.

  A. Review of the plan of care evidenced patient #6 received attendant care services from an outside agency. The clinical record, communication notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.

  B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #6.

10. The clinical record of patient #7, start of care date of 4-20-15, was reviewed on 3-22-17, and included a physician's written plan of care for the certification period of 2-8 to 4-8-17. | | <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Bullet"/>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

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	A. Review of the plan of care evidenced patient #7 received services from an outside agency. The clinical record communication notes, visit notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.

B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #7.

11. The clinical record of patient #10, start of care date of 10-2-13, was reviewed and included a physician's written plan of care for the certification period of 12-10-16 to 2-7-17.

A. Review of the plan of care evidenced patient #10 received attendant care services from an outside agency. The clinical record communication notes, visit notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.

B. On 3-22-17 at 4:00 PM, the | | UnhideWhenUsed="true"
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	nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #10.

12. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "Home care services are furnished under the supervision and direction of the patient's physician."

13. Policy, Physician Orders," last reviewed/revised 1-11-17, was reviewed and stated, "All medications, treatments, and services provided to patients must be ordered by a physician. The orders may be initiated via telephone or in writing and must be countersigned by the physician in a timely manner."

14. The clinical record of patient #1 was reviewed, start of care date of 2-1-17, and contained a plan of care with orders for respite skilled nursing services.

A. Review of the start of care comprehensive assessment/OASIS dated 2-1-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not | | <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Message Header"/> <w:LsdException Locked="false" Priority="11" QFormat="true" Name="Subtitle"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Salutation"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Date"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text First Indent"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text First Indent 2"/> <w:LsdException Locked="false" | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	sent to the attending physician and did not evidence physician orders for the care of patient #1.
	
	    B. Review of physician's orders failed to evidence a physician's verbal orders related to disciplines, frequency of visits, and specific physician orders for the care of patient #1.
	
	    C. Review of visit notes evidenced skilled nursing care was furnished on 2-2 and 2-7-17.
	
	    D. Review of the document history of the electronic medical record system evidenced the plan of care was created on 2-3-17, finalized and faxed to the attending physician on 2-9-17, and signed by the attending physician on 2-9-17.
	
	15. The clinical record of patient #2, start of care date of 1-24-13, was reviewed and contained a plan of care for the certification period 3-4 to 5-2-17, with orders for skilled nursing and home health aide services.
	
	    A. Review of the recertification comprehensive assessment/OASIS dated 3-1-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not
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	sent to the attending physician and did not evidence physician orders for the care of patient #2. B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #2, after expiration of the previous certification period orders on 3-3-17. C. Review of visit notes evidenced skilled nursing furnished care on 3-6-17. D. Review of the plan of care evidenced the plan of care orders were signed by the attending physician on 3-7-17. 16. The clinical record of patient #3, start of care date of 3-13-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services. A. Review of the start of care comprehensive assessment/OASIS dated 3-13-17, evidenced evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician		SemiHidden="true" UnhideWhenUsed="true" Name="Plain Text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="E-mail Signature"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Top of Form"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Bottom of Form"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Normal (Web)"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Acronym"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Address"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Cite"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Code"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Definition"/> <w:LsdException Locked="false" SemiHidden="true"	

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	orders for the care of patient #3. B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #3. C. Review of visit notes evidenced skilled nursing furnished care on 3-13-17, and a home health aide visit was furnished on 3-15-17. D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 3-17-17, and was finalized and faxed to the attending physician on 3-20-17. At time of exit of survey on 3-22-17, the plan of care had not yet been signed by the attending physician. 17. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and contained a plan of care for the certification period 2-5 to 4-5-17, with orders for skilled nursing and home health aide services. A. Review of the recertification comprehensive assessment/OASIS dated 2-2-17, evidenced care was coordinated with the attending physician. On 3-20-17		UnhideWhenUsed="true" Name="HTML Keyboard"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Preformatted"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Sample"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Typewriter"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Variable"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Normal Table"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="annotation subject"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="No List"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Outline List 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Outline List 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Outline List 3"/>	

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NAME OF PROVIDER OR SUPPLIER LIFE CARE MEDICAL SOLUTIONS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 25 ARTIST DRIVE NASHVILLE, IN 47448

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	at 3:30 PM, the nursing supervisor stated the follow-up comprehensive assessment was not sent to the attending physician. B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #4 after expiration of the previous certification period orders on 2-4-17. C. Review of visit notes evidenced a home health aide furnished care on 2-6-17. D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 2-6-17, was finalized and faxed to the attending physician on 2-8-17, and was signed by the attending physician on 2-9-17. 18. The clinical record of patient #5, start of care date of 11-15-16, was reviewed and contained a plan of care for the certification period of 1-14 to 3-14-17, with orders for skilled nursing services. A. Review of the recertification comprehensive assessment/OASIS, dated 1-13-17, evidenced care was coordinated		<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Simple 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Simple 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Simple 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Colorful 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Colorful 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Colorful 3"/> <w:LsdException Locked="false" SemiHidden="true"	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
	with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician.

B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #5 after expiration of the previous certification period orders on 1-13-17.

C. Review of visit notes evidenced skilled nursing furnished care on 1-14, 1-15, 1-16, and 1-17-17, prior to return of the plan of care with physician signature dated 1-18-17.

19. The clinical record of patient #6, start of care date of 3-6-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.

A. Review of the start of care comprehensive assessment/OASIS dated 3-14-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #6. | | UnhideWhenUsed="true"
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #6.		<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 7"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 8"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 6"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 7"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 8"/> <w:LsdException Locked="false" SemiHidden="true"	
	C. Review of visit notes evidenced home health aides had furnished care on 3-14, 3-15, 3-17, 3-18, 3-20, 3-21, and 3-22-17, and a skilled nursing visit was made on 3-14-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 3-20-17, and was finalized and faxed to the attending physician on 3-22-17.			
	20. The clinical record of patient #7, start of care date of 4-20-15, was reviewed and contained a plan of care for the certification period of 2-8 to 4-8-17.			
	A. Review of the recertification comprehensive assessment dated 2-7-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the follow-up comprehensive assessment was not sent to the attending physician.			
	B. Review of physician's orders			

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	failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the follow-up assessment of patient #7 after the expiration of the physician orders on the previous certification period which expired on 2-7-17.
	
	    C. Review of visit notes evidenced care was furnished on 2-8 and 2-9-17.
	
	    D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 2-14-17.
	
	21. The clinical record of patient #8, start of care date of 1-11-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.
	
	    A. Review of the start of care comprehensive assessment/OASIS dated 1-11-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #8.
	
	    B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits,
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	and specific care orders based on the assessment of patient #8.

C. Review of visit notes evidenced home health aide visits were furnished on 1-23, 1-24, 1-25, 1-26, 1-27, 1-28, 1-29, 1-30, 1-31, 2-1, 2-2, 2-3, 2-4, and 2-5-17, and skilled nursing care was furnished on 1-14-17 and 1-30-17.

D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 2-6-17.

22. The clinical record of patient #9, start of care date of 3-13-17, was reviewed and contained a plan of care with orders for home health aide services.

A. Review of the start of care comprehensive assessment dated 2-7-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #9.

B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #9. | | <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Balloon Text"/> <w:LsdException Locked="false" Priority="39" Name="Table Grid"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Theme"/> <w:LsdException Locked="false" SemiHidden="true" Name="Placeholder Text"/> <w:LsdException Locked="false" Priority="1" QFormat="true" Name="No Spacing"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading"/> <w:LsdException Locked="false" Priority="61" Name="Light List"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2"/> | |

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE MEDICAL SOLUTIONS INC

STREET ADDRESS, CITY, STATE, ZIP CODE

25 ARTIST DRIVE
NASHVILLE, IN 47448

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	C. Review of visit notes evidenced home health aide visits were furnished on 3-14, 3-15, and 3-16-17. D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 3-22-17. 23. The clinical record of patient #10, start of care date of 10-2-13, was reviewed and contained a plan of care for the certification period of 12-10-16 to 2-7-17, with orders for skilled nursing and home health aide services. A. Review of the recertification comprehensive assessment/OASIS dated 12-9-16, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician. B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the follow-up assessment of patient #10 after the expiration of the physician orders on the previous plan of care certification period plan which expired on 12-9-16. C. Review of visit notes evidenced		<w:LsdException Locked="false" Priority="69" Name="Medium Grid 3"/> <w:LsdException Locked="false" Priority="70" Name="Dark List"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 1"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 1"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 1"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 1"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2 Accent 1"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 1"/> <w:LsdException Locked="false" SemiHidden="true" Name="Revision"/> <w:LsdException Locked="false" Priority="34" QFormat="true" Name="List Paragraph"/> <w:LsdException Locked="false" Priority="29" QFormat="true" Name="Quote"/> <w:LsdException Locked="false"	

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	care was furnished by a home health aide on 12-11-16, by a home health aide and skilled nurse on 12-12-16, and care was furnished by a home health aide and skilled nurse on 12-13-16. D. Review of the plan of care evidenced the attending physician had signed the plan of care orders on 12-14-16. 24. On 3-22-17 at 4:00 PM, the nursing supervisor stated the agency staff had furnished care to the above patients without first obtaining specific physician orders for the disciplines, frequency of visits, and specific care orders by verbal order or written order at the time of the assessment, and prior to the return of a physician signed plan of care with written orders for care. 25. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "An individualized Plan of Care signed by a physician shall be required for each patient receiving home health ... services. The Plan of Care shall be completed in full to include: a. All pertinent diagnosis(es), principle and secondary, including date of onset. b. Mental Status. c. Type, frequency, and duration of all visits/services ... l. Medications, treatments, and procedures		Priority="30" QFormat="true" Name="Intense Quote"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 1"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 1"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 1"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 1"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 1"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 1"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 1"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 1"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 2"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 2"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 2"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 2"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2 Accent 2"/> <w:LsdException Locked="false"	

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	... t. Other appropriate items." 26. During a home visit observation of a registered nurse (RN) for patient #4 on 3-21-17 at 10 AM, patient #4 was observed to be using oxygen at 2 liters per minute by nasal cannula. Review of the plan of care failed to evidence a physician order for oxygen, to include setting and method of delivery. 27. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have oxygen therapy via tracheotomy collar at 2 liters per minute. Review of the plan of care for the certification period of 1-14 to 3-14-17, failed to evidence a physician order for oxygen, to include setting and method of delivery. 28. On 3-22-17 at 4:00 PM, the nursing supervisor verified the above findings and stated the plans of care for patients #4 and 5 should have contained complete oxygen therapy orders. The administrator stated there was no further documentation to be reviewed. 29. The clinical record of patient #4, start of care date of 9-15-15, was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care with a start of care of 9-15-15, and care period		Priority="65" Name="Medium List 1 Accent 2"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 2"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 2"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 2"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 2"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 2"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 2"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 2"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 2"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 3"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 3"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 3"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 3"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2 Accent 3"/> <w:LsdException Locked="false"	

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	10-14 to 12-12-15, with orders for skilled nursing services.

A. During a home visit observation of a registered nurse (RN) on 3-21-17 at 10 AM, the registered nurse was observed to dispense 400 mg Guaifenesin oral tablet into patient #4' medication set up container.

B. Review of the plan of care medication orders evidenced Guaifenesin 600 mg oral tablet, 1 tablet, two times a day, orally.

30. Policy, "Medication Set Up Policy," last reviewed/revised 1-11-17, was reviewed and stated, "staff setting up medications will follow accepted standards of practice ... the nurse must always read the pharmacy labels carefully whether he/she is filling a med planner or administering the medication. The nurse should then compare the medication labels to the 485, medication list, and/or MAR [medication administration record] before administering the medication or filling the med planner."

31. On 3-21-17 at 2:00 PM, the nursing supervisor indicated the registered nurse failed to compare the medication label with the medication order, as required by agency policy, to ensure the correct | | Priority="65" Name="Medium List 1 Accent 3"/>
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	dosage of the Guaifenesin had been dispensed in patient #4's the medication set up container. 32. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have a tracheotomy and a gastrostomy tube. A. Review of the plan of care for the certification period of 1-14 to 3-14-17, failed to evidence a physician order for the tracheotomy tube to be changed each 2 months, and for the gastrostomy tube to be changed each 2 months. B. During interview with employee E, the registered nurse in the home, on 3-21-17 at 12 noon, the employee indicated having changed the gastrostomy tube and tracheotomy tube 2 months after the start of care date of 11-15-16. 33. On 3-22-17 at 4:00 PM, the nursing supervisor stated the registered nurse should have initiated updating the plan of care to obtain physician orders to change the tracheotomy tube and gastrostomy tube periodically as directed. 34. Review of the clinical record of patient #3 evidenced a start of care date of 3-13-17. Review of the paper portion of the clinical record evidenced clinical		Priority="65" Name="Medium List 1 Accent 4"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 4"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 4"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 4"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 4"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 4"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 4"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 4"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 4"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 5"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 5"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 5"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 5"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2 Accent 5"/> <w:LsdException Locked="false"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

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	record documentation to include a home health aide care plan created on 11-11-15; a referral form dated 10-2-15; eligibility and payer verification dated 10-20-15; a home environment safety evaluation dated 11-11-15; a patient information guide dated 11-11-15; an admission service agreement dated 11-11-15; a home health advance beneficiary notice dated 11-11-15; an abuse and neglect vulnerability assessment dated 11-11-15; and a notice of privacy rights dated 11-11-15.

35. On 3-21-17, the nursing supervisor and the case manager registered nurse, employee G, stated patient #3 had been discharged on 3-4-17,9 days prior to the current start of care date of on the plan of care of 3-6-17, and the above noted documents in the active clinical record were from a previous episode of care, now closed. | | Priority="65" Name="Medium List 1 Accent 5"/>
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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER LIFE CARE MEDICAL SOLUTIONS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			<w:SaveIfXMLInvalid>false</w:SaveIfXMLInvalid> <w:IgnoreMixedContent>false</w:IgnoreMixedContent> <w:AlwaysShowPlaceholderText>false</w:AlwaysShowPlaceholderText> <w:DoNotPromoteQF/> <w:LidThemeOther>EN-US</w:LidThemeOther> <w:LidThemeAsian>X-NONE</w:LidThemeAsian> X-NON <w:Compatibility> <w:BreakWrappedTables/> <w:SnapToGridInCell/> <w:WrapTextWithPunct/> <w:UseAsianBreakRules/> <w:DontGrowAutofit/> <w:SplitPgBreakAndParaMark/> <w:EnableOpenTypeKerning/> <w:DontFlipMirrorIndents/> <w:OverrideTableStyleHps/> </w:Compatibility> <m:mathPr> <m:mathFont m:val="Cambria Math"/> <m:brkBin m:val="before"/> <m:brkBinSub m:val="--"/> <m:smallFrac m:val="off"/> <m:dispDef/> <m:lMargin m:val="0"/> <m:rMargin m:val="0"/> <m:defJc m:val="centerGroup"/> <m:wrapIndent m:val="1440"/> <m:intLim m:val="subSup"/>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			`<m:naryLim m:val="undOvr"/>` `</m:mathPr></w:WordDocument>` `</xml><![endif]--><!--[if gte mso 9]><xml>` `<w:LatentStyles DefLockedState="false" DefUnhideWhenUsed="false" DefSemiHidden="false" DefQFormat="false" DefPriority="99" LatentStyleCount="374">` `<w:LsdException Locked="false" Priority="0" QFormat="true" Name="Normal"/>` `<w:LsdException Locked="false" Priority="9" QFormat="true" Name="heading 1"/>` `<w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 2"/>` `<w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 3"/>` `<w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 4"/>` `<w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 5"/>` `<w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true"`	

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

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			QFormat="true" Name="heading 6"/> <w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 7"/> <w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 8"/> <w:LsdException Locked="false" Priority="9" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="heading 9"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 6"/> <w:LsdException Locked="false"	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

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			SemiHidden="true" UnhideWhenUsed="true" Name="index 7"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 8"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index 9"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 1"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 2"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 3"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 4"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 5"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 6"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 7"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

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			Name="toc 8"/> <w:LsdException Locked="false" Priority="39" SemiHidden="true" UnhideWhenUsed="true" Name="toc 9"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Normal Indent"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="footnote text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="annotation text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="header"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="footer"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="index heading"/> <w:LsdException Locked="false" Priority="35" SemiHidden="true" UnhideWhenUsed="true" QFormat="true" Name="caption"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="table of figures"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="envelope address"/>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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			<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="envelope return"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="footnote reference"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="annotation reference"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="line number"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="page number"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="endnote reference"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="endnote text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="table of authorities"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="macro"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="toa heading"/> <w:LsdException Locked="false" SemiHidden="true"	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING ____00____ B. WING _____	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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			UnhideWhenUsed="true" Name="List"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Bullet"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Number"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Bullet 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Bullet 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Bullet 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Bullet 5"/>	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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			<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Number 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Number 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Number 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Number 5"/> <w:LsdException Locked="false" Priority="10" QFormat="true" Name="Title"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Closing"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Signature"/> <w:LsdException Locked="false" Priority="1" SemiHidden="true" UnhideWhenUsed="true" Name="Default Paragraph Font"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text Indent"/> <w:LsdException Locked="false" SemiHidden="true"	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

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			UnhideWhenUsed="true" Name="List Continue"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="List Continue 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Message Header"/> <w:LsdException Locked="false" Priority="11" QFormat="true" Name="Subtitle"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Salutation"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Date"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text First Indent"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text First Indent	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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			2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Note Heading"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text Indent 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Body Text Indent 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Block Text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Hyperlink"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="FollowedHyperlink"/> <w:LsdException Locked="false" Priority="22" QFormat="true" Name="Strong"/> <w:LsdException Locked="false" Priority="20" QFormat="true" Name="Emphasis"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true"	

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

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			Name="Document Map"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Plain Text"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="E-mail Signature"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Top of Form"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Bottom of Form"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Normal (Web)"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Acronym"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Address"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Cite"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Code"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Definition"/>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES | FORM APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES | OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 03/22/2017 |

NAME OF PROVIDER OR SUPPLIER

LIFE CARE MEDICAL SOLUTIONS INC

STREET ADDRESS, CITY, STATE, ZIP CODE

25 ARTIST DRIVE
NASHVILLE, IN 47448

(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
			<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Keyboard"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Preformatted"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Sample"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Typewriter"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="HTML Variable"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Normal Table"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="annotation subject"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="No List"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Outline List 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Outline List 2"/> <w:LsdException Locked="false" SemiHidden="true"	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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			UnhideWhenUsed="true" Name="Outline List 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Simple 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Simple 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Simple 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Classic 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Colorful 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Colorful 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Colorful 3"/>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED**

CENTERS FOR MEDICARE & MEDICAID SERVICES **OMB NO. 0938-0391**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER LIFE CARE MEDICAL SOLUTIONS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Columns 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Columns 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Columns 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Columns 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Columns 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 5"/> <w:LsdException Locked="false" SemiHidden="true"	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING _____00_____ B. WING _____	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER LIFE CARE MEDICAL SOLUTIONS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			UnhideWhenUsed="true" Name="Table Grid 6"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 7"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Grid 8"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 4"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 5"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 6"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 7"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table List 8"/>	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			<w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table 3D effects 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table 3D effects 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table 3D effects 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Contemporary"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Elegant"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Professional"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Subtle 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Subtle 2"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Web 1"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Web 2"/> <w:LsdException Locked="false" SemiHidden="true"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
			UnhideWhenUsed="true" Name="Table Web 3"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Balloon Text"/> <w:LsdException Locked="false" Priority="39" Name="Table Grid"/> <w:LsdException Locked="false" SemiHidden="true" UnhideWhenUsed="true" Name="Table Theme"/> <w:LsdException Locked="false" SemiHidden="true" Name="Placeholder Text"/> <w:LsdException Locked="false" Priority="1" QFormat="true" Name="No Spacing"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading"/> <w:LsdException Locked="false" Priority="61" Name="Light List"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1"/> <w:LsdException Locked="false"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

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			Priority="68" Name="Medium Grid 2"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3"/> <w:LsdException Locked="false" Priority="70" Name="Dark List"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 1"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 1"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 1"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 1"/> <w:LsdException Locked="false" Priority="64" Name="Medium Shading 2 Accent 1"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 1"/> <w:LsdException Locked="false" SemiHidden="true" Name="Revision"/> <w:LsdException Locked="false" Priority="34" QFormat="true" Name="List Paragraph"/> <w:LsdException Locked="false" Priority="29" QFormat="true"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

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			Name="Quote"/> <w:LsdException Locked="false" Priority="30" QFormat="true" Name="Intense Quote"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 1"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 1"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 1"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 1"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 1"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 1"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 1"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 1"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 2"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 2"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 2"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 2"/> <w:LsdException Locked="false" Priority="64" Name="Medium	

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			Shading 2 Accent 2"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 2"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 2"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 2"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 2"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 2"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 2"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 2"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 2"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 2"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 3"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 3"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 3"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 3"/> <w:LsdException Locked="false" Priority="64" Name="Medium	

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE MEDICAL SOLUTIONS INC

STREET ADDRESS, CITY, STATE, ZIP CODE

25 ARTIST DRIVE
NASHVILLE, IN 47448

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			Shading 2 Accent 3"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 3"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 3"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 3"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 3"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 3"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 3"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 3"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 3"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 3"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 4"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 4"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 4"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 4"/> <w:LsdException Locked="false" Priority="64" Name="Medium	

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			Shading 2 Accent 4"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 4"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 4"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 4"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 4"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 4"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 4"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 4"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 4"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 4"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 5"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 5"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 5"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 5"/> <w:LsdException Locked="false" Priority="64" Name="Medium	

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			Shading 2 Accent 5"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 5"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 5"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 5"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 5"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 5"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 5"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 5"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 5"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 5"/> <w:LsdException Locked="false" Priority="60" Name="Light Shading Accent 6"/> <w:LsdException Locked="false" Priority="61" Name="Light List Accent 6"/> <w:LsdException Locked="false" Priority="62" Name="Light Grid Accent 6"/> <w:LsdException Locked="false" Priority="63" Name="Medium Shading 1 Accent 6"/> <w:LsdException Locked="false" Priority="64" Name="Medium	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

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			Shading 2 Accent 6"/> <w:LsdException Locked="false" Priority="65" Name="Medium List 1 Accent 6"/> <w:LsdException Locked="false" Priority="66" Name="Medium List 2 Accent 6"/> <w:LsdException Locked="false" Priority="67" Name="Medium Grid 1 Accent 6"/> <w:LsdException Locked="false" Priority="68" Name="Medium Grid 2 Accent 6"/> <w:LsdException Locked="false" Priority="69" Name="Medium Grid 3 Accent 6"/> <w:LsdException Locked="false" Priority="70" Name="Dark List Accent 6"/> <w:LsdException Locked="false" Priority="71" Name="Colorful Shading Accent 6"/> <w:LsdException Locked="false" Priority="72" Name="Colorful List Accent 6"/> <w:LsdException Locked="false" Priority="73" Name="Colorful Grid Accent 6"/> <w:LsdException Locked="false" Priority="19" QFormat="true" Name="Subtle Emphasis"/> <w:LsdException Locked="false" Priority="21" QFormat="true" Name="Intense Emphasis"/> <w:LsdException Locked="false" Priority="31" QFormat="true" Name="Subtle Reference"/> <w:LsdException Locked="false" Priority="32" QFormat="true" Name="Intense Reference"/> <w:LsdException Locked="false" Priority="33" QFormat="true"	

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			Dark"/> <w:LsdException Locked="false" Priority="51" Name="Grid Table 6 Colorful"/> <w:LsdException Locked="false" Priority="52" Name="Grid Table 7 Colorful"/> <w:LsdException Locked="false" Priority="46" Name="Grid Table 1 Light Accent 1"/> <w:LsdException Locked="false" Priority="47" Name="Grid Table 2 Accent 1"/> <w:LsdException Locked="false" Priority="48" Name="Grid Table 3 Accent 1"/> <w:LsdException Locked="false" Priority="49" Name="Grid Table 4 Accent 1"/> <w:LsdException Locked="false" Priority="50" Name="Grid Table 5 Dark Accent 1"/> <w:LsdException Locked="false" Priority="51" Name="Grid Table 6 Colorful Accent 1"/> <w:LsdException Locked="false" Priority="52" Name="Grid Table 7 Colorful Accent 1"/> <w:LsdException Locked="false" Priority="46" Name="Grid Table 1 Light Accent 2"/> <w:LsdException Locked="false" Priority="47" Name="Grid Table 2 Accent 2"/> <w:LsdException Locked="false" Priority="48" Name="Grid Table 3 Accent 2"/> <w:LsdException Locked="false"	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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OMB NO. 0938-0391

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LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

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			Priority="49" Name="Grid Table 4 Accent 2"/> <w:LsdException Locked="false" Priority="50" Name="Grid Table 5 Dark Accent 2"/> <w:LsdException Locked="false" Priority="51" Name="Grid Table 6 Colorful Accent 2"/> <w:LsdException Locked="false" Priority="52" Name="Grid Table 7 Colorful Accent 2"/> <w:LsdException Locked="false" Priority="46" Name="Grid Table 1 Light Accent 3"/> <w:LsdException Locked="false" Priority="47" Name="Grid Table 2 Accent 3"/> <w:LsdException Locked="false" Priority="48" Name="Grid Table 3 Accent 3"/> <w:LsdException Locked="false" Priority="49" Name="Grid Table 4 Accent 3"/> <w:LsdException Locked="false" Priority="50" Name="Grid Table 5 Dark Accent 3"/> <w:LsdException Locked="false" Priority="51" Name="Grid Table 6 Colorful Accent 3"/> <w:LsdException Locked="false" Priority="52" Name="Grid Table 7 Colorful Accent 3"/> <w:LsdException Locked="false" Priority="46" Name="Grid Table 1 Light Accent 4"/> <w:LsdException Locked="false"	

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			Priority="47" Name="Grid Table 2 Accent 4"/> <w:LsdException Locked="false" Priority="48" Name="Grid Table 3 Accent 4"/> <w:LsdException Locked="false" Priority="49" Name="Grid Table 4 Accent 4"/> <w:LsdException Locked="false" Priority="50" Name="Grid Table 5 Dark Accent 4"/> <w:LsdException Locked="false" Priority="51" Name="Grid Table 6 Colorful Accent 4"/> <w:LsdException Locked="false" Priority="52" Name="Grid Table 7 Colorful Accent 4"/> <w:LsdException Locked="false" Priority="46" Name="Grid Table 1 Light Accent 5"/> <w	
N 0464 Bldg. 00	410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result			

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	was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii)completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest rediograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months. Based on record review and interview, the agency failed to implement its policy related to tuberculosis (TB) skin testing	N 0464	The form for recording the placement and results of TB skin testing has been revised (3/23/2017) to provide separate spaces for the date and time. It is	03/23/2017

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	to evaluate tuberculosis status for 2 of 6 direct care providers whose personnel file was reviewed (Employees A and B) of a total of 77 direct care provider employees. The findings included: 1. Policy, "Health Screening,", last reviewed/revised 1-11-17, was reviewed and stated, "Each employee having direct contact with patients must have documentation of baseline health screening prior to providing care to patients ... On any employee or contract personnel providing direct patient care, there shall be documentation of completion of a tuberculin (TB) skin test, via the Mantoux method using two-step testing ... a Mantoux skin test will be given at the time of hire and repeated within three weeks of the first test ... TB skin tests shall be evaluated by a Registered Nurse or Licensed Practical/Vocational Nurse, within forty-eight to seventy-two (48-72) hours and documented as "non-significant" (negative) or "significant" (positive) in millimeters of induration." 2. "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health -Care Settings", Volume 54, Page 46, Recommendations		anticipated that this change will result in complete filling of the form. Forms will be audited by the Manager of Human Resources or her designee at the end of each placement and each reading to ensure that this deficiency is corrected and will not recur.	

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	and Reports-17, 2005, was reviewed and stated "The tuberculin skin test should be read by a designated, trained health care worker 48-72 hours after the tuberculin skin test is placed. If the tuberculin skin test was not read between 48-72 hours, ideally, another tuberculin skin test should be placed as soon as possible and read within 48-72 hours." 3. The personnel file of employee A, was reviewed and evidenced employee A was hired as a registered nurse on 1-18-17, with date of first patient contact of 1-18-17. The confidential health file of employee A contained a TB skin test report which evidenced a TB skin test was administered on 1-3-17, at 10 AM, and was read on 1-5-17, the time of reading failed to be documented, with a result of 0 millimeters, negative. The form evidenced a second step TB skin test was administered on 1-11-17, the time of administration failed to be documented, and was read on 1-13-17, the time of reading failed to be documented, result of 0 millimeters. 4. The personnel file of employee B, was reviewed and evidenced employee B was hired as a licensed practical nurse on 10-24-16, with date of first patient contact of 10-24-16. The confidential health file of employee B contained a TB			

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	skin test report which evidenced a TB skin test was administered on 2-1-17, and was read on 2-3-17, the time of reading failed to be documented, with a result of 0 millimeters. The form failed to evidence the time of administration on 2-1-17, and failed to evidence the time of reading on 2-3-17. The health file failed to evidence a second step TB skin test had been administered and read three weeks after the first step TB skin test, as required by agency policy. The TB skin test result of 2-3-17 was obtained over 3 months after the date of employee B's first patient contact.

5. On 3-22-17 at 4:00 PM, the administrator stated the above cited TB skin test reports were not documented in accordance with agency policy. The administrator stated there was no further documentation to review. | | | |
| N 0486 Bldg. 00 | 410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.

Based on observation, record review and interview, the agency failed to ensure the clinical record or case conference notes | N 0486 | The DON and ADON will inservice the LCMS nursing staff on 04/13/17 regarding the necessity of documenting coordination of care between | 04/13/2017 |

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	documented the results of coordination of care activities between the agency and an outside provider for 5 of 6 patients who received care from more than one agency, of a total sample of 10 clinical records reviewed (Patient #1, 4, 6, 7, and 10).

The findings included:

1. A policy titled "Coordination of Patient Services," last reviewed/revised 1-11-17, stated, "All personnel furnishing services shall maintain liaison to assure that their efforts are coordinated effectively and support the objectives outlined in the Plan of Care. This may be done through formal case conferences, maintaining complete, current Care Plans, and written and verbal interaction."

2. The clinical record of patient #1, start of care date of 2-1-17, was reviewed and included a physician's written plan of care for the certification period of 2-1 to 4-1-17.

   A. During home visit observation of a licensed practical nurse (LPN) on 3-20-17 at 8:00 AM, a registered nurse from an outside medicare agency, person H, a registered nurse, was observed in the home. Person A indicated making skilled nursing visits for wound care, foley care, | | themselves and other health care providers in Communication notes and Recertification documentation at least once per episode (to include frequency and discipline where indicated). Ten percent of the clinical records will be audited for compliance each quarter. The DON and ADON will be responsible for monitoring the corrective actions during QA/clinical record review to ensure this deficiency is corrected and will not recur. | |

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	and management of anticoagulation PT/INR (Prothrombin Time and International Normalized Ratio) lab tests [blood tests to measure blood thinning]. Person A indicated having made early morning visits and occasionally having spoken with agency LPN, employee B, as person A was departing and employee B was arriving.

B. Review of the plan of care, visit notes, and communication notes, failed to evidence documentation of the results of coordination of care activities between the two agencies to include documentation of the information shared when person A and employee B communicated.

C. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence documentation of results of coordination of care activities. The administrator stated morning meeting notes did not document specific coordination of care activities for patient #1 and a 60 day case conference had not yet been held.

3. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and included a physician's written plan of care for the certification period of 2-5 to 4-5-17. | | | |

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	A. Review of the plan of care evidenced patient #4 received attendant care services from an outside agency. The plan of care, visit notes, and communication notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.

B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #4.

4. The clinical record of patient #6, start of care date of 3-6-17, was reviewed and included a physician's written plan of care for the certification period of 3-6 to 5-4-17.

A. Review of the plan of care evidenced patient #6 received attendant care services from an outside agency. The clinical record, communication notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies. | | | |

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	B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #6.

5. The clinical record of patient #7, start of care date of 4-20-15, was reviewed on 3-22-17, and included a physician's written plan of care for the certification period of 2-8 to 4-8-17.

A. Review of the plan of care evidenced patient #7 received services from an outside agency. The clinical record communication notes, visit notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies.

B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #7.

6. The clinical record of patient #10, | | | |

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	start of care date of 10-2-13, was reviewed and included a physician's written plan of care for the certification period of 12-10-16 to 2-7-17. A. Review of the plan of care evidenced patient #10 received attendant care services from an outside agency. The clinical record communication notes, visit notes, and case conference notes, failed to evidence documentation of the results of coordination of care activities between the two agencies. B. On 3-22-17 at 4:00 PM, the nursing supervisor stated the clinical record documentation failed to evidence coordination of care activities. The administrator stated morning meeting notes and case conference notes did not document specific coordination of care activities for patient #10.			
N 0522 Bldg. 00	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:	N 0522	The procedures for SOC, ROC	04/13/2017

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	Based on record review and interview, the agency failed to implement its policy related to providing care only when orders from the attending physician had been obtained for 10 of 10 patients whose clinical record was reviewed (Patients #1-10). The findings included: 1. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "Home care services are furnished under the supervision and direction of the patient's physician." 2. Policy, Physician Orders," last reviewed/revised 1-11-17, was reviewed and stated, "All medications, treatments, and services provided to patients must be ordered by a physician. The orders may be initiated via telephone or in writing and must be countersigned by the physician in a timely manner." 3. The clinical record of patient #1 was reviewed, start of care date of 2-1-17, and contained a plan of care with orders for respite skilled nursing services. A. Review of the start of care comprehensive assessment/OASIS dated 2-1-17, evidenced care was coordinated with the attending physician. On 3-20-17		and Re-Certification have been reviewed by the ADON. The procedures have been revised to include obtaining verbal orders prior to providing care. Verbal orders will include the SOC/ROC date, disciplines, frequencies and specific orders for care. Verbal orders will be documented in the clinical record, signed and dated by the RN and faxed to the ordering physician for countersignature. The DON and ADON will conduct in-services and provided written instruction to RNCMs regarding the revision (4/13/17). The DON, ADON and designee will review all SOCs, ROCs and Re-Certifications to ensure compliance as part of the regular QA process.	

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	at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #1.
	
	    B. Review of physician's orders failed to evidence a physician's verbal orders related to disciplines, frequency of visits, and specific physician orders for the care of patient #1.
	
	    C. Review of visit notes evidenced skilled nursing care was furnished on 2-2 and 2-7-17.
	
	    D. Review of the document history of the electronic medical record system evidenced the plan of care was created on 2-3-17, finalized and faxed to the attending physician on 2-9-17, and signed by the attending physician on 2-9-17.
	
	 4. The clinical record of patient #2, start of care date of 1-24-13, was reviewed and contained a plan of care for the certification period 3-4 to 5-2-17, with orders for skilled nursing and home health aide services.
	
	    A. Review of the recertification comprehensive assessment/OASIS dated 3-1-17, evidenced care was coordinated with the attending physician. On 3-20-17			

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	at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #2.
	
	   B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #2, after expiration of the previous certification period orders on 3-3-17.
	
	   C. Review of visit notes evidenced skilled nursing furnished care on 3-6-17.
	
	   D. Review of the plan of care evidenced the plan of care orders were signed by the attending physician on 3-7-17.
	
	  4. The clinical record of patient #3, start of care date of 3-13-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.
	
	   A. Review of the start of care comprehensive assessment/OASIS dated 3-13-17, evidenced evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive			

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	assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #3.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #3.			
	C. Review of visit notes evidenced skilled nursing furnished care on 3-13-17, and a home health aide visit was furnished on 3-15-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 3-17-17, and was finalized and faxed to the attending physician on 3-20-17. At time of exit of survey on 3-22-17, the plan of care had not yet been signed by the attending physician.			
	5. The clinical record of patient #4, start of care date of 9-15-15, was reviewed and contained a plan of care for the certification period 2-5 to 4-5-17, with orders for skilled nursing and home health aide services.			
	A. Review of the recertification comprehensive assessment/OASIS dated			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE MEDICAL SOLUTIONS INC	25 ARTIST DRIVE NASHVILLE, IN 47448

(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
	2-2-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the follow-up comprehensive assessment was not sent to the attending physician.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #4 after expiration of the previous certification period orders on 2-4-17.			
	C. Review of visit notes evidenced a home health aide furnished care on 2-6-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 2-6-17, was finalized and faxed to the attending physician on 2-8-17, and was signed by the attending physician on 2-9-17.			
	6. The clinical record of patient #5, start of care date of 11-15-16, was reviewed and contained a plan of care for the certification period of 1-14 to 3-14-17, with orders for skilled nursing services.			
	A. Review of the recertification comprehensive assessment/OASIS, dated			

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	1-13-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the recertification assessment of patient #5 after expiration of the previous certification period orders on 1-13-17.			
	C. Review of visit notes evidenced skilled nursing furnished care on 1-14, 1-15, 1-16, and 1-17-17, prior to return of the plan of care with physician signature dated 1-18-17.			
	7. The clinical record of patient #6, start of care date of 3-6-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.			
	A. Review of the start of care comprehensive assessment/OASIS dated 3-14-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care			

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	of patient #6.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #6.			
	C. Review of visit notes evidenced home health aides had furnished care on 3-14, 3-15, 3-17, 3-18, 3-20, 3-21, and 3-22-17, and a skilled nursing visit was made on 3-14-17.			
	D. Review of the plan of care document history in the agency electronic medical record system evidenced the plan of care was created on 3-20-17, and was finalized and faxed to the attending physician on 3-22-17.			
	8. The clinical record of patient #7, start of care date of 4-20-15, was reviewed and contained a plan of care for the certification period of 2-8 to 4-8-17.			
	A. Review of the recertification comprehensive assessment dated 2-7-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the follow-up comprehensive assessment was not sent to the attending physician.			

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	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the follow-up assessment of patient #7 after the expiration of the physician orders on the previous certification period which expired on 2-7-17.			
	C. Review of visit notes evidenced care was furnished on 2-8 and 2-9-17.			
	D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 2-14-17.			
	9. The clinical record of patient #8, start of care date of 1-11-17, was reviewed and contained a plan of care with orders for skilled nursing and home health aide services.			
	A. Review of the start of care comprehensive assessment/OASIS dated 1-11-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #8.			
	B. Review of physician's orders failed to evidence physician verbal orders			

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	related to disciplines, frequency of visits, and specific care orders based on the assessment of patient #8.			
	C. Review of visit notes evidenced home health aide visits were furnished on 1-23, 1-24, 1-25, 1-26, 1-27, 1-28, 1-29, 1-30, 1-31, 2-1, 2-2, 2-3, 2-4, and 2-5-17, and skilled nursing care was furnished on 1-14-17 and 1-30-17.			
	D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 2-6-17.			
	10. The clinical record of patient #9, start of care date of 3-13-17, was reviewed and contained a plan of care with orders for home health aide services.			
	A. Review of the start of care comprehensive assessment dated 2-7-17, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician and did not evidence physician orders for the care of patient #9.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on			

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	the assessment of patient #9.			
	C. Review of visit notes evidenced home health aide visits were furnished on 3-14, 3-15, and 3-16-17.			
	D. Review of the plan of care evidenced the attending physician signed the plan of care orders on 3-22-17.			
	11. The clinical record of patient #10, start of care date of 10-2-13, was reviewed and contained a plan of care for the certification period of 12-10-16 to 2-7-17, with orders for skilled nursing and home health aide services.			
	A. Review of the recertification comprehensive assessment/OASIS dated 12-9-16, evidenced care was coordinated with the attending physician. On 3-20-17 at 3:30 PM, the nursing supervisor stated the comprehensive assessment was not sent to the attending physician.			
	B. Review of physician's orders failed to evidence physician verbal orders related to disciplines, frequency of visits, and specific care orders based on the follow-up assessment of patient #10 after the expiration of the physician orders on the previous plan of care certification period plan which expired on 12-9-16.			

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	C. Review of visit notes evidenced care was furnished by a home health aide on 12-11-16, by a home health aide and skilled nurse on 12-12-16, and care was furnished by a home health aide and skilled nurse on 12-13-16.

    D. Review of the plan of care evidenced the attending physician had signed the plan of care orders on 12-14-16.

12. On 3-22-17 at 4:00 PM, the nursing supervisor stated the agency staff had furnished care to the above patients without first obtaining specific physician orders for the disciplines, frequency of visits, and specific care orders by verbal order or written order at the time of the assessment, and prior to the return of a physician signed plan of care with written orders for care. | | | |
| N 0524

Bldg. 00 | 410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: | | | |

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	(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.

Based on observation, record review and interview, the agency failed to ensure the plan of care contained orders for oxygen therapy for 2 of 2 patients with home visit observations who were receiving oxygen therapy (Patients #4 and 5), of a total of 5 home visit observations.

The findings included:

1. Policy, "Plan of Care," last reviewed/revised 1-11-17, was reviewed and stated, "An individualized Plan of Care signed by a physician shall be required for each patient receiving home health ... services. The Plan of Care shall be completed in full to include: a. All pertinent diagnosis(es), principle and secondary, including date of onset. b. | N 0524 | The DON will inservice all RN case managers (04/13/17) on the development and completion of the POC, ensuring that all treatments, equipment, medications and disciplines are documented on the POC and followed. The DON and ADON will ensure that the plan of care contains all required elements including but not limited to orders for O2 with correct dosage, frequency and route of administration. Each patient will be checked for O2 (with lpm, frequency and route) on their med list by the DON and ADON during QA/quality review of recertification documentation. | 04/13/2017 |

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	Mental Status. c. Type, frequency, and duration of all visits/services ... l. Medications, treatments, and procedures ... t. Other appropriate items."			
	2. During a home visit observation of a registered nurse (RN) for patient #4 on 3-21-17 at 10 AM, patient #4 was observed to be using oxygen at 2 liters per minute by nasal cannula. Review of the plan of care failed to evidence a physician order for oxygen, to include setting and method of delivery.			
	3. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have oxygen therapy via tracheotomy collar at 2 liters per minute. Review of the plan of care for the certification period of 1-14 to 3-14-17, failed to evidence a physician order for oxygen, to include setting and method of delivery.			
	4. On 3-22-17 at 4:00 PM, the nursing supervisor verified the above findings and stated the plans of care for patients #4 and 5 should have contained complete oxygen therapy orders. The administrator stated there was no further documentation to be reviewed.			

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N 0537 Bldg. 00	410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on observation, record review, and interview, the agency failed to ensure the registered nurse dispensed medications in the patient's medication set up container in accordance with agency policy and according to the plan of care orders for 1 of 5 patients with home visit observations (Patient #4) of a sample of 10 patients whose clinical records were reviewed. The findings included: 1. Policy, "Medication Set Up Policy," last reviewed/revised 1-11-17, was reviewed and stated, "staff setting up medications will follow accepted standards of practice ... the nurse must	N 0537	The DON will inservice all RN case managers (04/13/17) on the development and completion of the POC, ensuring that all treatments, equipment, medications and disciplines are documented on the POC and followed. The DON and ADON will ensure that the plan of care contains all required elements including but not limited to all medications (including OTC) with correct dosage and route of administration. During placement of medication sets, all nurses will be reminded to check the dose of every single medication before placement in the organizer. This is already a component of the LCMS procedure (C-701). Nurses were instructed on the procedure to use if there is a discrepancy between the dosage of a	04/13/2017

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	always read the pharmacy labels carefully whether he/she is filling a med planner or administering the medication. The nurse should then compare the medication labels to the 485, medication list, and/or MAR [medication administration record] before administering the medication or filling the med planner."

2. The clinical record of patient #4, start of care date of 9-15-15, was reviewed on 3-21-17. The clinical record evidenced a physician's plan of care with a start of care of 9-15-15, and certification 10-14 to 12-12-15, with orders for skilled nursing services.

   A. During a home visit observation of a registered nurse (RN) on 3-21-17 at 10 AM, the registered nurse was observed to dispense 400 mg Guaifenesin oral tablet into patient #4' medication set up container.

   B. Review of the plan of care medication orders evidenced Guaifenesin 600 mg oral tablet, 1 tablet, two times a day, orally.

3. On 3-21-17 at 2:00 PM, the nursing supervisor indicated the registered nurse failed to compare the medication label with the medication order, as required by agency policy, to ensure the correct | | medication on the med list and the dosage of the medication available in the home (e.g. call MD for recommendation and/or verbal order). This teaching will be done on an annual basis to ensure continued compliance. | |

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	dosage of the Guaifenesin had been dispensed in patient #4's the medication set up container.			
N 0542 Bldg. 00	410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions.

Based on observation, record review, and interview, the registered nurse failed to initiate necessary revisions to the plan of care to obtain orders to change a patient's gastrostomy tube and to change a patient's tracheotomy tube for 1 of 1 patient home observations of patient with a gastrostomy tube and a tracheotomy tube (Patient #5), of a total of 10 patients whose clinical records were reviewed.

The findings included: | N 0542 | On 04/13/17, the DON will inservice all RN case managers on the development and completion of the POC, ensuring that all treatments, equipment, medications and disciplines are documented on the POC and followed. The DON and ADON will ensure that the plan of care contains all required elements including but not limited changing tracheostomy and gastrostomy tube dressings. Each patient will be checked for change of tracheostomy and/or gastrostomy dressings orders by the DON and ADON during QA of the recertification process. | 04/13/2017 |

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FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

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	1. During a home visit observation of an RN for patient #5 on 3-21-17 at 12 noon, patient #5 was observed to have a tracheotomy and a gastrostomy tube.
	
	   A. Review of the plan of care for the certification period of 1-14 to 3-14-17, failed to evidence a physician order for the tracheotomy tube to be changed each 2 months, and for the gastrostomy tube to be changed each 2 months.
	
	   B. During interview with employee E, the registered nurse in the home, on 3-21-17 at 12 noon, the employee indicated having changed the gastrostomy tube and tracheotomy tube 2 months after the start of care date of 11-15-16.
	
	2. On 3-22-17 at 4:00 PM, the nursing supervisor stated the registered nurse should have initiated updating the plan of care to obtain physician orders to change the tracheotomy tube and gastrostomy tube periodically as directed.
			Note that there was an apparent misunderstanding between one of our nurses and the surveyor. The surveyor believed that the nurse told her that she changed the gastrostomy tube. Our nurses DO NOT change gastrostomy tubes. I believe that the nurse was trying to convey that she changes the gastrostomy tube dressing.	

N 0614 Bldg. 00	410 IAC 17-15-1(c) Clinical Records Rule 15 Sec. 1(c) Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern use and removal of records and conditions for release of			

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	information. Patient's written consent shall be required for release of information not authorized by law. Current service files shall be maintained at the parent or branch office from which the services are provided until the patient is discharged from service. Closed files may be stored away from the parent or branch office provided they can be returned to the office within seventy-two (72) hours. Closed files do not become current service files if the patient is readmitted to service. Based on record review and interview, the agency failed to ensure staff did not retain clinical documentation from a previous episode of care in the active clinical record for 1 of 1 patients who had been discharged and then readmitted (Patients #3) in a total sample of 10 patients. The findings included: 1. Review of the clinical record of patient #3 evidenced a start of care date of 3-13-17. Review of the paper portion of the clinical record evidenced clinical record documentation to include a home health aide care plan created on 11-11-15; a referral form dated 10-2-15; eligibility and payer verification dated 10-20-15; a home environment safety evaluation dated 11-11-15; a patient information guide dated 11-11-15; an admission service agreement dated	N 0614		04/13/2017

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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
	11-11-15; a home health advance beneficiary notice dated 11-11-15; an abuse and neglect vulnerability assessment dated 11-11-15; and a notice of privacy rights dated 11-11-15.			
	2. On 3-21-17, the nursing supervisor and the case manager registered nurse, employee G, stated patient #3 had been discharged on 3-4-17,9 days prior to the current start of care date of on the plan of care of 3-6-17, and the above noted documents in the active clinical record were from a previous episode of care, now closed.			