

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157588	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/14/2012
NAME OF PROVIDER OR SUPPLIER  ABLE HANDS HOMECARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1374 N BALDWIN MARION, IN 46953		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G0000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: 12/11/12 - 12/14/12</p> <p>Facility #: 11316</p> <p>Medicaid #: 200853200</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Skilled unduplicated census: 168</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 18, 2012</p>	G0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G0159	<p><b>484.18(a) PLAN OF CARE</b></p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care included all the patient's equipment in 1 of 5 home visit observations with the potential to affect all the agency's patients. (#8)</p> <p>Findings include:</p> <p>1. Clinical record #8, start of care 11/23/10, included a plan of care for the certification period of 11/12/12 to 1/10/13 that failed to evidence patient equipment and supplies.</p> <p>A. During a home visit on 12/12/12 at 12:15 PM, it was observed that patient #8 had a cane and shower chair.</p> <p>B. A document titled "Able Hands Home Care Careplan" with a registered</p>	G0159	The Administrator and Director of Nursing have reviewed federal and state and company policy on 484.18(a) Plan of Care. The Administrator and Director of Nursing have inserviced and Educated all staff on importance of documenting all equipment and supplies for the client on plan of care and careplan in clients home. The administrator or designee will audit 10% of clinical records quarterly thru 12-2013 for compliance and to monitor these corrective actions and to ensure this deficiency is corrected and will not recur.	12/21/2012	

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	<p>nurse review date of 11/9/12 indicated patient had equipment, including a cane.</p> <p>C. On 12/13/12 at 10:10 AM, the administrator (employee A) indicated the cane and shower chair were not on the plan of care.</p> <p>2. An undated agency policy titled "Plan of Care" states, "Special Instructions ... 2. The Plan of Care shall be completed in full to include: ... m. Medical supplies and equipment required."</p>				

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G0225	<p>484.36(c)(2) ASSIGNMENT &amp; DUTIES OF HOME HEALTH AIDE The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the home health aide provided services identified on the home health aide care plan for 3 of 6 records reviewed of active patients with home health aide services with the potential to affect all patients with home health aide services. (#2, #3, and #13)</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care 11/9/12, evidenced a home health aide care plan dated 11/9/12 for certification period 11/9/12 to 1/7/13 with instructions that do not include "ERRANDS".</p> <p>A. Documents titled "Able Hands Home Care Weekly Visit Note" evidenced home health aide, employee N, providing "ERRANDS" on 11/14/12, 11/29/12, and 12/6/12.</p> <p>B. On 12/13/12 at 1:32 PM, employee B indicated he/she was unaware the home health aide was performing</p>	G0225	The Administrator and Director of Nursing have reviewed federal, state, and company policy on 484.36(c)(2) Assignment and Duties of Home Health Aide. The Administrator and Director of Nursing have inserviced All Home Health Aides, HHA Supervisor, HR, and HHA Trainers on the importance of following the HHA Careplan developed by the Registered Nurse. The Careplan is developed to provide adequate care to the client. The Administrator or designee will audit 10% of clinical records/careplans/HHA visit notes to ensure compliance with patient care, and careplan is being followed quarterly thru 12-2013 and to monitor these corrective actions and to ensure that this deficiency is corrected and will not recur.	12/21/2012			

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	<p>tasks not assigned on the home health aide care plan.</p> <p>2. Clinical record #3, start of care 3/21/12, evidenced a home health aide care plan dated 11/15/12 for certification period 11/16/12 to 1/14/13 with instructions for the home health aide to perform "Bed Bath PR [per request], Bath Tub / Shower PR, Assist Bath PR, Assist w/Dressing PR, Hair Care PR, Shampoo PR, Skin Care/Peri Care PR ..."</p> <p>A. A document titled "Able Hands Home Care Weekly Visit Note" for week of 11/26/12 to 12/2/12 indicated home health aide, employee M. made visits for the dates of 11/26, 11/29, and 11/30/2012 but failed to evidence any tasks were performed.</p> <p>B. On 12/13/12 at 1:50 PM, employee B indicated he/she was unaware tasks were not marked completed by the home health aide on these dates.</p> <p>3. Clinical record #13, start of care 11/12/12, evidenced a home health aide care plan dated 11/12/12 for certification period 11/12/12 to 1/10/13 with instructions that included the home health aide task to "Check Pressure Areas."</p> <p>A. Documents titled "Able Hands</p>						

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	<p>Home Care Weekly Visit Note" for weeks of 11/26/12 to 12/2/12 and 12/3/12 to 12/9/12 indicated home health aide, employee M, failed to check pressure areas on 11/26, 11/28, 11/30, 12/3, 12/5, and 12/7/2012.</p> <p>B. On 12/13/12 at 2:05 PM, employee B indicated he/she was unaware the task was not marked as completed on the home health aide weekly visit notes.</p> <p>4. The undated agency policy titled "Home Health Aide Care Plan" states, "Policy A complete and appropriate Care Plan, Identifying duties to be performed by the Home Health Aide, shall be developed by a Registered Nurse or Therapist. All home health aide staff will follow the identified plan ..."</p>				

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N0000	<p>This visit was for a state home health agency relicensure survey.</p> <p>Survey Dates: 12/11/12 - 12/14/12</p> <p>Facility #: 11316</p> <p>Medicaid #: 200853200</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Skilled unduplicated census: 168</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 18, 2012</p>	N0000			

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care included all the patient's equipment in 1 of 5 home visit observations with the potential to affect all the agency's patients. (#8)</p> <p>Findings include:</p> <p>1. Clinical record #8, start of care</p>	N0524	The Administrator and Director of Nursing have reviewed federal and state and company policy on 410 Iac 17-13-1(a)(1) Patient Care. The Administrator and Director of Nursing have inserviced and Educated all staff on importance of documenting all equipment and supplies for the client on plan of care and careplan in clients home. The administrator or designee will audit 10% of clinical records quarterly thru 12-2013 for compliance and to monitor these	12/21/2012			

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