

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/11/2013
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NAME OF PROVIDER OR SUPPLIER PERSONALIZED LIVING AT ROBIN RUN	STREET ADDRESS, CITY, STATE, ZIP CODE 5354 WEST 62ND STREET INDIANAPOLIS, IN 46268
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N000000	<p>This visit was for a Home Health Initial State Licensure survey.</p> <p>Survey Dates: July 8-11, 2013</p> <p>Facility Number: 013215</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 3 Home Health Aide Only: 7 Personal Care Only: 58 Total: 68</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 17, 2013</p>	N000000		

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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N000451	<p>410 IAC 17-12-1(c)(8) Home health agency administration/management Rule 12 Sec. 1(c)(8) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (8) Ensure that a qualified person is authorized in writing to act in the administrator's absence.</p> <p>Based on document review and interview, the Agency failed to ensure a qualified person was authorized in writing to act in the Administrator's absence for 1 of 1 Agency reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Indiana State Department of Health information indicated the Alternate Administrator was employee N. 2. Review of agency documents failed to evidence documentation employee N was authorized in writing to act in the administrator's absence. 3. On 7/11/13 at 12:15 PM, employee O, Administrator, indicated there was nothing in writing to confirm employee N was the Alternate Administrator and would act in the Administrator's absence. 	N000451	N451 The Administrator has completed a letter of authority that has been framed and posted in a visible area at the Personalized Living Office which will provide written documentation of the Administrator and alternate to act in the administrators absence. This criteria will be audited for evidence of administrator and alternate administrator as part of the Continual Quality Assurance Initiative program quarterly. In the event a replacement is necessary the governing body will approve another qualified person in writing and repost. The administrator of Personalized Living will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	08/09/2013			

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N000458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on personnel file review and interview, the agency failed to ensure a Home Health Aide (HHA) job description was in 14 of 14 HHA (A-M, P) personnel files reviewed and the agency failed to ensure current HHA registrations were in 2 of 14 HHA (B and E) personnel files with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>1. Personnel file A, home health aide, date of hire 9/26/12, contained a "Job Description" document signed on 9/26/12 that states, "Certified Nursing</p>	N000458	N458- The Administrator of Personalized Living has updated the Home Health Aide job description and provided a copy of signed HHA job descriptions as well as HHA registrations to the personnel files of all employees who deliver home health aide services for the agency.10% of all personnel files will be audited quarterly for evidence that Home Health Aide job descriptions and evidence of HHA registrations are complete and accurate in the employee personnel files. The Administrator of Personalized Living will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	08/09/2013			

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	<p>Assistant Certification or Home Health Aide Certification preferred." The personnel file failed to evidence a HHA job description.</p> <p>2. Personnel file B, home health aide, date of hire 7/12/11, contained a "Position Description" document signed on 7/12/11 for the "Personalized Living Assistant" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description and current HHA registration.</p> <p>3. Personnel file C, home health aide, date of hire 12/20/2012, contained a "Position Description" document signed on 12/20/12 for the "Personalized Living Assistant" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description.</p> <p>4. Personnel file D, home health aide, date of hire 12/12/12, contained a "Job Description" document signed on 12/12/12 that states, "Certified Nursing Assistant Certification or Home Health Aide Certification preferred." The personnel file failed to evidence a HHA job description.</p>			

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	<p>5. Personnel file E, home health aide, date of hire 9/14/11, contained a "Position Description" document signed on 9/14/11 for the "Personalized Living Assistant" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description and current HHA registration.</p> <p>6. Personnel file F, home health aide, date of hire 6/12/13, contained a "Position Description" document signed on 6/13/13 for the "Personalized Living Certified Assistant" position with minimum position qualifications of a high school diploma and nurse aide certification. The personnel file failed to evidence a HHA job description.</p> <p>7. Personnel file G, home health aide, date of hire 6/22/05, contained a "Job Description" document signed on 8/2/05 that contained a job description for a "Housekeeper." The personnel file failed to evidence a HHA job description.</p> <p>8. Personnel file H, home health aide, date of hire 8/3/11, contained a "Position Description" document signed on 8/3/11 for the "Personalized Living Assistant" position with minimum position qualifications of a high school</p>			

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	<p>diploma. The personnel file failed to evidence a HHA job description.</p> <p>9. Personnel file I, home health aide, date of hire 4/24/13, contained a "Position Description" document signed on 4/24/13 for the "Personalized Living Assistant" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description.</p> <p>10. Personnel file J, home health aide, date of hire 11/23/05, contained a "Job Description" document signed on 12/15/05 that contains a job description for a "Server." The personnel file failed to evidence a HHA job description.</p> <p>11. Personnel file K, home health aide, date of hire 9/12/12, contained a "Position Description" document for the "Personalized Living Assistant" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description.</p> <p>12. Personnel file L, home health aide, date of hire 4/11/13, contained a "Position Description" document signed on 4/11/13 for the "Personalized Living Assistant" position with minimum position qualifications of a high school</p>			

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	<p>diploma. The personnel file failed to evidence a HHA job description.</p> <p>13. Personnel file M, home health aide, date of hire 5/17/13, contained a "Position Description" document signed on 5/17/13 for the "Personalized Living Assistant" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description.</p> <p>14. Personnel file P, home health aide, date of hire 11/1/07, contained a "Position Description" document signed on 6/17/13 for the "Personalized Living Coordinator" position with minimum position qualifications of a high school diploma. The personnel file failed to evidence a HHA job description.</p> <p>15. During an interview on 7/11/13 at 12:32 PM, employee O, Administrator, acknowledged the job descriptions needed to be for HHAs.</p>			

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N000464	<p>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:</p> <p>(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 was negative.</p> <p>(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.</p> <p>(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 radiograph to exclude a diagnosis of tuberculosis.</p> <p>(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).</p> <p>(5) Any person having a positive finding on</p>			

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	<p>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.</p> <p>Based on personnel file review and interview, the agency failed to ensure Tuberculosis (TB) screenings with a two step Mantoux test was completed upon hire for 3 of 16 files reviewed of employees with patient contact with the potential to affect all the agency's patients. (C, I, M)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Personnel file C, date of hire 12/20/12 and first patient contact 4/23/13, failed to evidence a second negative Mantoux test and contained only one record of a tuberculosis screening completed on 12/15/12. Personnel file I, date of hire 4/24/13 and first patient contact 5/2/13, failed to evidence a second negative Mantoux test and contained only one record of a 	N000464	N 0464 The Administrator has in serviced all hiring managers that the Personalized Living agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, contractors having direct patient contact are evaluated for tuberculosis using the two step Mantoux test or one chest radiograph to exclude a diagnosis of tuberculosis and provide documentation of a negative result within the past 12 months and documentation is filed in the personnel record at least annually. The Administrator has completed a full audit and has update all employees personnel records that provide direct care with documentation of a negative TB result pursuant to 410 IAC 17-12-1(i) Home health agency administration/management. Rule 12 Sec. 1 (i) 10% of all personnel records for the agency shall be audited quarterly for evidence that each employee providing direct care on behalf of the agency will be	08/09/2013			

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	<p>tuberculosis screening completed on 4/22/13.</p> <p>3. Personnel file M, date of hire 5/17/13 and first patient contact 5/28/13, failed to evidence a second negative Mantoux test and contained only one record of a tuberculosis screening completed on 5/10/13.</p> <p>4. On 7/11/13 at 10:00 AM, employee O, Administrator, indicated a second step Mantoux test was not completed for employees C, I, and M.</p>		<p>evaluated for TB and provided documentation to support a negative result. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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N000496	<p>410 IAC 17-12-3(b) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (1) The patient's family or legal representative may exercise the patient's rights as permitted by law.</p> <p>Based on admission packet and clinical record review and interview, the agency failed to ensure written patient rights included the right for the patient's family or legal representative to exercise the patient's rights as permitted by law for 3 of 3 records reviewed of active patients (#1-3) with the potential to affect all patients receiving services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The "Client Rights" document within the admission packet failed to evidence a patient right related to Indiana State Rule which states,"The patient's family or legal representative may exercise the patient's rights as permitted by law." 2. Clinical records 1-3 evidenced the patient had received the patient rights document. 3. During an interview on 7/11/13 at 12:22 PM, employee N, Alternate Administrator, indicated that this patient 	N000496	<p>N496 The Administrator revised the Patient Rights document to include written documentation that states "The patients family or legal representative may exercise the patients' rights as permitted by law." The Administrator has in serviced employees responsible for admitting patients to the agency of the revision the Patient Rights document and the importance of using the newly revised document in all future admission packets.10% of all clinical records will be audited quarterly for evidence that the Patient Rights were received by the patient and are current displaying the statement "The patient's family or legal representatives may exercise the patients' rights as permitted by law."The Administrator will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.</p>	08/09/2013

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	right was missing from the "Client Rights" document.			

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N000502	<p>410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (C) Place a complaint with the department regarding treatment or care furnished by a home health agency.</p> <p>Based on admission packet and clinical record review and interview, the agency failed to ensure patients were informed of the Indiana State Department of Health (ISDH) complaint hotline number for for 3 of 3 records reviewed of active patients (#1-3) with the potential to affect all patients receiving services. The findings include:</p> <ol style="list-style-type: none"> 1. The admission packet provided to patients failed to evidence the ISDH complaint hotline number. 2. Clinical records 1-3 evidenced the patient had received the admission packet. 3. During an interview on 7/11/13 at 12:20 PM, employee N, Alternate Administrator, indicated they were unaware of the ISDH complaint hotline. 	N000502	N 0502 The Administrator has revised the admission packet to include the guidelines for informing patients of the right to place a complaint with the Indiana State Department of Health complaint hotline number. The Administrator in-serviced employees responsible for admitted patients to the agency and reviewing the revised admission packets that contain the patient rights pursuant to 410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b).All admission packets will be reviewed quarterly to ensure that the Patient Rights contain the guidelines for placing a complaint with the Indiana State Department of Health complaint hotline number.The Administrator will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.	08/09/2013

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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on policy review, record review, and interview, the agency failed to ensure visits were provided as ordered in 1 of 5 records reviewed with the potential to affect all patients of the agency who receive Home Health Aide (HHA) services. (#2)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled "Nursing Services" dated 5/2012 states, "2. Nursing and other services provided to the client are coordinated, appropriate, adequate, and consistent with plans of care." 2. Clinical record #2, First Date of Service 5/10/13, contained a plan of care that identified the HHA was to assist with bathing 3 times a week. The record failed to evidence HHA visits from 6/1/13 to 6/8/13. 3. During an interview on 7/11/13 at 12:07 PM, employee N, Alternate Administrator, indicated the chart was 	N000522	<p>N 0522The Administrator in-serviced nursing staff of importance of ensuring visits are provided and documented as ordered for patients receiving Home Health Aide services. Reviewed process for completing client notes in a timely manner and the process after completion to ensure that this documentation is entered into the patients clinical record to provide accountability that Home Health Aide services were provided to the patient as coordinated, appropriate, adequate and consistent with the plan of care.10% audits of all clinical records will be done quarterly for evidence that documentation is provided for Home Health Aide visits to the patient as coordinated, appropriate, adequate and consistent with the plan of care.The Administrator will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.</p>	08/09/2013

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NAME OF PROVIDER OR SUPPLIER PERSONALIZED LIVING AT ROBIN RUN			STREET ADDRESS, CITY, STATE, ZIP CODE 5354 WEST 62ND STREET INDIANAPOLIS, IN 46268		
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	thinned, and employee N could not find anymore HHA visit notes.				

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on policy review, clinical record review, and interview, the agency failed to ensure the plan of care contained a MD signature for 3 of 3 records reviewed of patients receiving skilled services, a diagnosis in 5 of 5 records reviewed, and medications in 1 of 5 records reviewed with the potential to affect all the agency's patients. (#1, #2, #3, #4, and #5)</p> <p>The findings include:</p>	N000524	N 0524The Administrator revised the "Plan of Care" to include the MD signature , diagnosis, and medications. The Administrator provided an inservice to the nurses on the revision of the plan of care and the agency shall provide a Plan of Care on all patients if a skilled service is being provided.10% of all clinical records will be audited quarterly for evidence that the Plan of Care contains the MD signature, diagnosis and medications along with all other pertinent	08/09/2013

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	<p>1. Facility policy titled "Nursing Services" dated 5/2012 states, "6. All nursing services delivered shall be prescribed in a plan of care. 7. The Plan of Care shall be approved and signed by the client's primary care physician."</p> <p>2. Clinical record #1, start of care 6/10/13, failed to evidence a MD signature and a diagnosis on the plan of care. The plan of care failed to identify a care period.</p> <p>3. Clinical record #2, start of care 5/10/13, failed to evidence a diagnosis on the plan of care. The plan of care failed to identify a care period.</p> <p>4. Clinical record #3, start of care 6/9/13, failed to evidence a diagnosis on the plan of care. The plan of care failed to identify a care period.</p> <p>5. Clinical record #4, start of care 5/9/13, failed to evidence a MD signature and a diagnosis on the plan of care. The plan of care failed to identify a care period.</p> <p>6. Clinical record #5, start of care 5/10/13, contained a Physician Order for a dressing change with antibiotic</p>		<p>requirements. The Administrator will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.</p>	

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	<p>ointment. The plan of care failed to evidence a MD signature, diagnosis, and the antibiotic ointment. The plan of care failed to identify a care period.</p> <p>7. During an interview on 7/11/13 at 12:05 PM, employee N, Alternate Administrator, indicated a MD signature, diagnosis, and medications would need to be on the plans of care.</p>			

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N000596	<p>410 IAC 17-14-1(l)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and</p> <p>Based on personnel file review and interview, the agency failed to ensure all Home Health Aide (HHA) Skill Competency Evaluations were completed in 1 of 16 personnel files reviewed with the potential to affect all patients receiving services. (P)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Personnel file P, date of hire 11/1/07 and first patient contact 4/25/13, failed to evidence a HHA Skill Competency Evaluation had been completed. 2. During an interview on 7/10/13 at 4:05 PM, employee O, Administrator, indicated the needed to conduct Skill Competency Evaluations on all HHAs. 	N000596	<p>N 0596The Registered Nurse provided and completed a competency evaluation on all Home Health Aides missing this requirement pursuant to 410 IAC 17-14-(1)(l)(A) Scope of Service Rule 14 Sec. 1(l) and all subjects listed in subsection (h) of this rule.10 % audit of all personnel record of Home Health Aides will be reviewed quarterly for evidence that a completed competency evaluation is completed and documented in the record.The Administrator will be responsible for the monitoring of this corrective action to ensure that this deficiency is corrected and will not recur.</p>	08/09/2013			

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N000610	<p>410 IAC 17-15-1(a)(7) Clinical Records Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry.</p> <p>Based on record review and interview, the agency failed to ensure all entries were clear and complete in 1 of 5 records reviewed of patients with the potential to affect all patients receiving services (#5).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #5, with a First Date of Service of 5/10/13, included a document titled "Physician Orders" dated 5/9/10 that failed to evidence a date for wound dressing orders. 2. During an interview on 7/11/13 at 12:14 PM, employee O, Administrator, indicated the "Associate Health Examination" document was missing a date by the MD signature. Employee O further indicated the "Physician Orders" document had an incorrect year for the date written. 	N000610	N 0610The Administrator in serviced agency staff to the requirement of Clinical Records and that all entries must be legible, clear, complete and appropriately authenticated and dated. To include signatures or a secured computer entry.10% of all clinical records will be audited quarterly for evidence that the Clinical Record entries are legible, clear, and complete and appropriately authenticated and dated.The Administrator will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.	08/09/2013			

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