

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K101	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/09/2013
NAME OF PROVIDER OR SUPPLIER  ELDER'S JOURNEY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4101 E 3RD STREET BLOOMINGTON, IN 47401		
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G000000	<p>This was a home health federal complaint investigation.</p> <p>Complaint IN00129374 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency was cited.</p> <p>Survey Date: July 9, 2013</p> <p>Facility #012972</p> <p>Medicaid #: 201126900</p> <p>Surveyor: Linda Dubak, R.N. Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 15, 2013</p>	G000000			

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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G000107	<p>484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on interview and review of documents, the agency failed to investigate and document the existence and the resolution of a complaint for 1 of 4 (#1) records reviewed with the potential to affect all current clients.</p> <p>Findings include:</p> <p>1. On 7/9/13 at 10:15 AM, A#1 indicated the agency had only one complaint in their complaint log and that was about patient care concerns. The agency had received another complaint from patient #1 about theft of items in the client's home. The agency had reported this complaint to the case manager for this client at Hoosier Upland Area 15 Agency on Aging and told the client to make a report to the police. The case manager at Hoosier Upland completed an investigation. The client did not make a complaint against a particular employee,</p>	G000107	G107 A review of Elder's Journey's Policy C-381 (Client/Family Complaint Grievance Policy) was reviewed. The Client Grievance /Complaint Form was filled out on 7/10/2013 and added to the Elder's Journey's Complaint/Incident Log book along with all the supporting case conferences surrounding complaint received on 5/9/2013. Case manager for Area 15 incident report and the police report from the Bedford police dept. All documents were added to the book. Moving forward to prevent a re-occurrence the Administrator/Nursing Supervisor in-serviced all staff on the importance to log all complaints and that all complaints need to be investigated and resolved within 7 days. All staff given another copy of policy C-381 to review and sign and understanding and an agreement to comply. 1. All complaints will be logged in Complaint/Incident Log book. 2. Nurse will follow up with client or family member to help resolve	07/17/2013			

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	<p>just that things were stolen. The was no documentation to show the agency had completed any investigation into this allegation.</p> <p>2. The complaint / incident log for this agency failed to evidence an investigation into any complaint for patient #1.</p> <p>3. Agency policy titled "Client/family compliant/grievance policy", page 2, Special Instructions, states, "Client complaints will be documented on a client complaint form and filed with the complaint log in an administrative file."</p>		<p>issue and start or follow through a course to resolve issue. 3. Doctor, case worker and or family will be notified re complaint if needed in an attempt to resolve issue. 4. Follow up post complaint within 30 days. Administrator will be responsible for checking Complaint/Incident Log book and client's charts to make sure investigation and follow up was done.</p>		

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N000000	<p>This visit was for a state home health complaint investigation.</p> <p>Complaint IN00129374 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency was cited.</p> <p>Survey Date: July 9, 2013</p> <p>Facility #012972</p> <p>Medicaid #: 201126900</p> <p>Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 15, 2013</p>	N000000					

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N000514	<p>410 IAC 17-12-3(c) Patient Rights Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on interview and review of documents, the agency failed to investigate and document the existence and the resolution of a complaint for 1 of 4 (#1) records reviewed with the potential to affect all current clients.</p> <p>Findings include:</p> <p>1. On 7/9/13 at 10:15 AM, A#1 indicated the agency had only one complaint in their complaint log and that was about patient care concerns. The agency had received another complaint from patient #1 about theft of items in the client's home. The agency had reported this complaint to the case manager for this client at Hoosier Upland Area 15 Agency on Aging and told the client to make a</p>	N000514	N514 A review of Elder's Journey's Patient Rights was reviewed. The Client Grievance/Complaint Form was filled out on 7/10/2013 and added to the Elder's Journey's Complaint/Incident Log book along with all the supporting case conferences surrounding the complaint received on 5/9/2013. A copy of the Case manager from Area 15 incident report and the police report from the Bedford police report added to the book. The Administrator in-serviced all staff on the importance to log all complaints in the Complaint/Incident Log book. In-service was given on 7/17/2013 and another copy of the Elder's Journey's Patient's Bill of Rights given to staff. Staff signed a form acknowledging an understanding and agreement to comply with the following:1. All	07/17/2013			

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	<p>report to the police. The case manager at Hoosier Upland completed an investigation. The client did not make a complaint against a particular employee, just that things were stolen. The was no documentation to show the agency had completed any investigation into this allegation.</p> <p>2. The complaint / incident log for this agency failed to evidence an investigation into any complaint for patient #1.</p> <p>3. Agency policy titled "Client/family compliant/grievance policy", page 2, Special Instructions, states, "Client complaints will be documented on a client complaint form and filed with the complaint log in an administrative file."</p>		<p>complaints will be logged in the Complaint/Incident Log book.2. Nurse will follow up with client or family member to help resolve issue and start or follow through a course to resolve issue. 3. Doctor, case worker and or family will be notified re complaint if needed in an attempt to resolve issue. 4. Follow up post complaint within 30 days.Administrator will check and be responsible for complaint log and client charts to make sure investigation and follow up is done on all complaints.</p>		