

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 10/05/2012
NAME OF PROVIDER OR SUPPLIER DINAMIC HEALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7826 CALUMET AVE STE C MUNSTER, IN 46321		
(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	
N0000	<p>This was a home health state licensure survey.</p> <p>Survey Dates: 10/3/12-10/5/12.</p> <p>Facility #: 12591</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Total number of records reviewed: 4. Closed records: 1. Open records: 3. Total unduplicated admissions: 0. Patient census: 3.</p> <p>Quality Reveiw: Joyce Elder, MSN, BSN, RN October 9, 2012</p>	N0000			

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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N0440	<p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on review of agency documents and personnel roster and interview, the agency failed to ensure all personnel providing services for the agency were identified by delegation of responsibility on the organizational chart and the organizational chart is accurate in 1 of 1 organizational chart reviewed with the potential to affect all patients of the agency.</p> <p>The findings include:</p> <p>1. A review of the organizational chart identified the director of nursing with a line down to a box labeled "Nursing Supervisor." Per Employee A at 1:40 PM on 10/3/12, the agency does not have a nursing supervisor in addition to the director of nursing. A box under "Nursing Supervisor" listed the disciplines of skilled nurses, home health aides, and physical, occupational, and speech therapists, all together, as equals, without any delineation of responsibility.</p>	N0440	N0440 This deficiency will be corrected by the development of a revised organizational chart to reflect the agencies current delegation of responsibilities down to the patient level. To prevent this from recurring in the future, the Director of Nursing will update the organizational chart immediately when there are staff changes or changes to the line of authority. The Director of Nursing and the Administrator will be responsible for making sure this deficiency is corrected and does not occur again. This deficiency will be corrected by 11/03/2012.	11/03/2012			

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	<p>2. At 1:40 PM on 10/3/12, Employee A indicated the agency did not employ therapists directly and all physical, occupational, and speech therapists, as well as social work services, were contracted. Employee A indicated the organizational chart needed to be updated to delineate responsibility and reflect current agency staffing.</p>			

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N0456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on agency policy and document review and interview, the agency failed to have a quality assessment and performance improvement program for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Review of agency documents failed to evidence the agency had a quality assessment and performance improvement program.</p> <p>2. On 10/4/12 at 12:30 PM, Employee A indicated a quality improvement program binder was reviewed at the 4/30/11 professional advisory committee meeting but the program was not initiated. There was no quality improvement committee and there had been no development of a program for the agency with measurable goals that would result in overall</p>	N0456	N0456 The Administrator together with the Director of Nursing will develop and implement quality assurance and performance improvement program that evaluates the agencies performance and quality of care, that meets the standards of ISDH. The data collected will be taken from a percentage of the patients serviced to determine the quality of care and areas for improvement. To prevent this from recurring, the Director of Nursing will submit reports to the Administrator that contain items used for the QA program on a quarterly basis. The information from these report will be used in the agency assessment for quality of care. The Administrator will be responsible for this correction and ongoing monitoring of the QA and Performance Improvement program. This deficiency shall be corrected by 11/03/2012	11/03/2012			

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	<p>improvement of the agency services. Employee A indicated the agency was not following its own policies related to a quality improvement program.</p> <p>3. The agency policy titled "Performance Improvement B-260", undated, stated, "Agency shall establish a performance improvement plan to continuously measure, assess, and improve the performance of clinical and other processes."</p>			

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N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on agency policy and document review and interview, the agency failed to have a quality assessment and performance improvement program for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Review of agency documents failed to evidence the agency had a quality assessment and performance improvement program.</p> <p>2. On 10/4/12 at 12:30 PM, Employee A indicated a quality improvement program binder was reviewed at the 4/30/11 professional advisory committee meeting but the program was not initiated. There was no quality improvement committee and there had been no development of a</p>	N0472	N0472 The Administrator together with the Director of Nursing will develop and implement quality assurance and performance improvement program that evaluates the agencies performance and quality of care and that reflects the complexity of the agency and the services provided. Objective measures will be used to assess the quality of care. All standards of ISDH will followed in the development of this program. The data collected will be taken from a percentage of the patients serviced to determine the quality of care and areas for improvement. To prevent this from recurring, the Director of Nursing will submit reports to the Administrator that contain items used for the QA program on a quarterly basis. The information from these report will be used in the agency assessment for	11/03/2012			

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	<p>program for the agency with measurable goals that would result in overall improvement of the agency services. Employee A indicated the agency was not following its own policies related to a quality improvement program.</p> <p>3. The agency policy titled "Performance Improvement B-260", undated, stated, "Agency shall establish a performance improvement plan to continuously measure, assess, and improve the performance of clinical and other processes."</p>		<p>quality of care. The Administrator will be responsible for this correction and ongoing monitoring of the QA and Performance Improvement program. This deficiency shall be corrected by 11/03/2012</p>				

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N0530	<p>410 IAC 17-13-1(b) Patient Care Rule 13 Sec. 1(b) A home health agency may accept written orders for home health services from a physician, a dentist, a chiropractor, a podiatrist, or an optometrist licensed in Indiana or in any other state. If the home health agency receives an order from a physician, dentist, chiropractor, podiatrist, or optometrist who is licensed in another state, the home health agency shall take reasonable immediate steps to determine the following:</p> <p>(1) The order complies with the laws of the state where the order originated. (2) The individual who issued the order: (A) examined the patient; and (B) is licensed to practice in that state.</p> <p>Based on policy review and interview, the agency failed to obtain initial physician orders to go into a patient's home to evaluate and identify needs of the patient for home health services for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <p>1. On 10-5-12 at 11:00 A.M., Employee A indicated that when the agency staff received a telephone referral, a referral form was completed and a visit was made to evaluate the patient for appropriateness for agency services. If the agency accepted the patient, a comprehensive assessment would be completed and a</p>	N0530	N0530 To correct this deficiency the agency will obtain physician orders for all patients prior to starting care for the initial assessment and obtain signature for that order. To prevent this from recurring the Director of Nursing will ensure that the patients physician was contacted prior to care as evidence by a written physician order for evaluation for services, prior to allowing an initial evaluation to be conducted. The Director of Nursing will be responsible for educating all nursing staff at hire of this policy and for the correction of this deficiency. This deficiency is corrected immediately 10/15/2012	10/15/2012			

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	<p>Plan of Care written that would be signed by the physician. Agency staff had been getting initial physician orders to go and see patients at one time but were currently working under the impression that an initial physician order for home health to go into a patient's home was not needed if the Plan of Care was signed by the physician and the start of care included the date of the first visit made by agency staff.</p> <p>2. Policy C-140, undated, titled "Patient Admission Policy" states, "Referrals containing verbal orders must be given by the referring physician, by others approved by law to prescribe, or the individual directly designated to convey orders and will be referred to a designated staff member(s) for verification and documentation of verbal orders."</p> <p>3. Policy C-635, undated, titled "Physician Orders" states, "Policy: All signed physician orders shall be maintained in the clinical record. ... Purpose: To document verification that orders for services have been obtained from the physician. To assure accurate and complete orders are obtained and verified."</p> <p>4. Employee A, on 10-5-12 at 11:00 AM, indicated the agency was not</p>						

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	following its own policy for obtaining physician orders for home health care. Employee A further indicated believing the staff had been told by the surveyors at last survey that no physician orders were needed to provide home health care to patients.						

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on personnel file and policy and procedure review and interview, the agency failed to ensure the home health aide employed by the agency was entered and in good standing on the aide registry for 1 of 1 home health aide personnel files reviewed with the potential to affect all patients receiving home health aide services. (D)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Personnel file D, date of hire 9/23/11, failed to evidence the agency had checked to see if the aide was on and in good standing on the state aide registry. In an interview on 10/04/12 at 9:45 AM, Employee A indicated the state of Indiana "CNA" (certified nursing assistant) verification letter was the only documentation in the employee file. Employee A further indicated awareness that employee D needed to be registered on a Home Health Aide Registry for Indiana and currently was not. Review of agency policy C-220, 	N0597	N0597 This deficiency will be corrected by applying for the agency home health aide to be placed on the Home Health Registry. To prevent this from recurring in the future,an application for all hire persons for the Home Health Aide position shall be placed to put them on the Home Health Aide registry if not already on it. The HHA will not be allowed to have patient contact until there is valid confirmation the the aide is on the Home Health Aide Registry and in good standing. The Director of Nursing will be responsible for the correction of this deficiency and the prevention of this recurring in the future. This deficiency will be corrected by 11/02/2012.	11/02/2012

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	<p>undated, titled "Home Health Aide Services" stated, "Policy: Home health aide services will by qualified personnel in accordance with the state's occupational certification regulations, where applicable, and the organization's policies/job descriptions."</p> <p>On 10/5/12 at 9:40 AM, Employee A indicated the agency had not adhered to its own policy of making sure home health aides hired were in good standing on the Indiana home health aide registry.</p>			

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N0598	<p>410 IAC 17-14-1(l)(2) Scope of Services Rule 14 Sec. 1(l)(2) The home health agency shall maintain documentation which demonstrates that the requirements of this subsection and subsection (h) of this rule were met.</p> <p>Based on personnel file and policy and procedure review and interview, the agency failed to ensure documentation evidenced the home health aide employed by the agency was entered and in good standing on the aide registry for 1 of 1 home health aide personnel files reviewed with the potential to affect all patients receiving home health aide services. (D)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file D, date of hire 9/23/11, failed to evidence the agency had checked to see if the aide was on and in good standing on the state aide registry. 2. In an interview on 10/04/12 at 9:45 AM, Employee A indicated the state of Indiana "CNA" (certified nursing assistant) verification letter was the only documentation in the employee file. Employee A further indicated awareness that employee D needed to be registered on a Home Health Aide Registry for Indiana and currently was not. 	N0598	<p>N0598 This deficiency will be corrected by applying for the agency home health aide to be placed on the Home Health Registry and placed in the employees file. To prevent this from recurring in the future, an application for all hire persons for the Home Health Aide position shall be placed to put them on the Home Health Aide registry if not already on it. The application will be placed in the employee file and the verification that the aide has been entered on the HHA registry will be kept in the employees file. The HHA will not be allowed to have patient contact until there is valid confirmation the the aide is on the Home Health Aide Registry and in good standing. The Director of Nursing will be responsible for the correction of this deficiency and the prevention of this recurring in the future. This deficiency will be corrected by 11/02/2012.</p>	11/02/2012			

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	<p>3. Review of agency policy C-220, undated, titled "Home Health Aide Services" stated, "Policy: Home health aide services will by qualified personnel in accordance with the state's occupational certification regulations, where applicable, and the organization's policies/job descriptions."</p> <p>On 10/5/12 at 9:40 AM, Employee A indicated the agency had not adhered to its own policy of making sure home health aides hired were in good standing on the Indiana home health aide registry.</p>						