

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 07/29/2014
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NAME OF PROVIDER OR SUPPLIER BLESSED HANDS HOME CARE AGENCY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 S MICHIGAN STREET SOUTH BEND, IN 46614
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N000000	<p>This was an initial home health state licensure survey.</p> <p>Survey Dates: July 25, 28, and 29, 2014</p> <p>Facility #: 013427</p> <p>Medicaid Vendor: N/A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 3 Skilled: 0 Aide Only: 3 Home Visits: 3</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 30, 2014</p>	N000000		
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> <p>(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: (i) Mental status. (ii) Types of services and equipment required.</p>			

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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	<p>(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> <p>Based on clinical record review and interview, the agency failed to ensure the plan of care included accurate information in 1 of 3 clinical records reviewed. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1 evidenced a plan of care established by the physician for certification period 5/23/14 to 7/21/14 that states, "Start of Care Date 05/23/14."</p> <p>The record evidenced an updated plan of care dated 6/21/14 and signed by employee B (alternate director of nursing) that states, "Certification Period From: 06/21/2014 To: 07/21/2014."</p> <p>2. On 7/29/14 at 10:48 AM, employee B indicated the patient had been admitted into the hospital on 6/11/14 at which time</p>	N000524	TAG N524: On7/29/2014 this agency along with its delegates, conducted an education meeting by the Administrator. Staff was given guidelines and were instructed on S.O.C.and re-certification dates. All employees educated on certification dates for placing services on hold. On 7/29/2014, this agency administrator wrote a supplemental order with 485 correction to certification dates that read 6/21/2014-07/21/2014, order informs doctor that the certification dates should read 5/23/2014 -7/21/2014. The agency has created a handout for 485 and Oasis,with detailed instructions for completion of each, in order to prevent future occurrences. The Administrator and Alternate Administrator will check documentation before paperwork is processed, and will conduct chart audits monthly. Administrator or her designee to monitor corrective action being	07/29/2014

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N000550	<p>services were placed on hold. The patient was then discharged on 6/21/14 and services resumed and the employee thought the certification period needed to be changed to reflect the date of resumption of care after an inpatient hospital stay.</p> <p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on agency policy review, clinical record review, and interview, the agency failed to ensure the registered nurse prepared written patient care instructions for the home health aide containing all the tasks ordered by the physician in 2 of 3 patient records reviewed creating the potential to affect all patients of the agency who receive home health aide services. (#1 and #3)</p> <p>Findings include:</p> <p>1. Clinical record #1 included a plan of care for the certification period 5/23/14 to</p>	N000550	<p>completed, so that deficiencies do not recur.</p> <p>TAG N550: In our efforts to correct this error, the client's home health aide care plan has been updated by the alternate administrator as of 8/01/2014. The aide care plan now coincides with the physician's plan of treatment. The frequency has been added to the home health aide care plan for clinical record #1 as of 8/1/2014. In our education meeting on 07/29/2014, all staff was educated on instructions for P.O.C. and home health aide care plan. In order to ensure care plan reflects physician order and frequency of services, the agency's new 485 handout</p>	08/01/2014			

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	<p>7/21/14 that states, HH [home health] aide 1 hr [hour] 2 x [times] week for personal care needs to assist with shower; hair care; shampoo; skin care; foot care; nail care; ... , wash clothes/towels; ... "</p> <p>The Aide care plan dated 5/23/14 and updated on 6/21/14 and 7/21/14 by employee B (alternate director of nursing) failed to include shampoo, foot care, nail care, wash clothes/towels as tasks to be performed by the aide and failed to include the frequency of the home health aide visits.</p> <p>2. Clinical record #3 included a plan of care for the certification period 7/1/14 to 8/29/14 that states, "HH aide 1 hr 1 x week for personal care needs to assist with shower; hair care; shampoo; skin care; foot care; nail care; oral care; ... Perform light housekeeping in bathroom, and change bed linen. ... "</p> <p>The Aide care plan dated 7/1/14 by employee B failed to include shampoo, oral care, perform light housekeeping in bathroom, and change bed linen as tasks to be performed by the aide.</p> <p>3. On 7/29/14 at 11:45 AM, employee C (director of nursing) indicated the registered nurse should list the aide's tasks as they are ordered on the plan of</p>		contains instructions on how to complete care plan task according to the physician's orders. Administrator or her designee to monitor corrective action being completed, so that deficiencies do not recur.	

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	<p>care.</p> <p>4. The undated agency policy titled "2.6 CARE PLAN" states, "Development of Care Plan ... 2. Home health services from members of the agency staff, ... , shall be provided in accordance with the plan of treatment and the patient care plan. ... ."</p>						