

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 03/22/2013	
NAME OF PROVIDER OR SUPPLIER  WABASH-MIAMI HOME HEALTH CARE & HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 ASH ST STE B WABASH, IN 46992			
(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			
N000000	<p>This was a home health state relicensure survey.</p> <p>Survey dates: 3/20/13 - 3/22/13</p> <p>Facility: #003359</p> <p>Medicaid Vendor: N/A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 64 Skilled: 26 Aide only: 15 Homemaker only: 23 Home Visits: 3</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>March 26, 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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N000597	<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 review, document review, and interview, the agency failed to ensure the Home Health Aide was entered on and in good standing on the State Aide Registry for 1 of 2 Home Health Aide files reviewed with the potential to affect all the agency's patient's that receive home health aide services. (employee F)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Personnel file F, date of hire 09/10/08, failed to evidence verification the employee was entered on and in good standing on the state aide registry.</li> <li>Agency job description with a date of review &amp;/or revised of 05/08 titled, "Aide, Certified Home Health (HHA)" states, "3. Qualifications To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in the 'Position Accountabilities' section are representative of the knowledge, skill, &amp;/or ability required. ... c. Required Certification / Registration CHH Aide</li> </ol>	N000597	<p>It is the Human Resource Leader's responsibility to ensure that all home health aides are registered on the state registry. Employee F took home health aide test on 3/22/13 and passed with a score of 92%, it was signed on 3/25/13 by Home Health Care Leader and faxed to the state registry on 3/27/13. Employee is now registered as a home health aide on the state registry and has a current certification. The Human Resource Leader has set up a system to alert them when certifications are about to expire and have a plan in place to notify employee to update state registry for re-certification prior to expiration date of current certification. 100% of home health aide personnel records will be monitored monthly for compliance.</p>	03/27/2013			

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	<p>certificate as required by state and federal regulations or; have six (6) full months full time documented experience in a hospital or; current nursing student enrolled in an RN program who has completed the fundamentals of a nursing course. Must become a Certified Home Health Aide according to the ISDOH rules / regulations."</p> <p>3. On 3/22/13 at 8:43 AM, employee A (administrator) indicated employee F had a Certified Nurses Aide registration but not a Home Health Aide registration.</p>			