

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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
G000000	<p>This was a revisit for the federal home health recertification survey completed on 4-2-14, 4-3-14, 4-4-14, 4-7-14, and 4-8-14.</p> <p>Survey Date: 5-22-14</p> <p>Facility #: 004372</p> <p>Medicaid Vendor #: 200272600A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Three (3) conditions of participation and 13 standards were found to be corrected during this survey. Three (3) standards remain uncorrected and were re-cited.</p> <p>American Nursing Care continues to be precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 4-14-14 due to being found out of compliance with Conditions of Participation 42 CFR 484.18 Acceptance of Patients, Plans of Care, and Medical Supervision; 42 CFR 484.30 Skilled Nursing Services; and 42 CFR Comprehensive Assessment of Patients.</p> <p>The administrator and the supervising nurse were informed of the above-stated</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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
G000158	<p>continued preclusion at the exit conference held at this agency on 5-22-14 at 12:45 PM.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 30, 2014</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record and agency policy review and interview, the agency failed to ensure physician orders had been obtained for all services provided in 1 (# 11) of 4 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 11 included a skilled nurse visit note dated 5-14-14 that evidenced the nurse had assisted the patient to perform a blood glucose monitoring check. The plan of care for</p>	G000158	G158 Mandatory inservices were held 060414 and 060514 for Professional staff by the Director of Clinical Services (DCS) and Clinical Educator regarding Policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all treatments, care and services are provided according to physician orders. Educational packets to be mailed to all Professional staff unable to attend the inservices by 061014. Patient #11- Late order for blood glucose check obtained on 052214 from physician. To	06/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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
G000159	<p>the certification period 5-7-14 to 7-5-14 failed to evidence an order for the blood glucose check.</p> <p>2. The supervising nurse stated, on 5-22-14 at 12:35 PM, "There is no order for the blood glucose check."</p> <p>3. The agency's undated "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan of care . . . All care and services provided is according to current physician orders."</p> <p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. Based on clinical record and agency policy review and interview, the agency</p>	G000159	<p>ensure compliance with the above policies and procedures the DCS or designee will conduct 4 random clinical record reviews per month to monitor that treatments, care and services were performed per physicians orders for 3 months starting week of 6/09/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p> <p>G159 Mandatory inservices were held 060414 and 060514 for Professional staff by the Director</p>	06/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710		
(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	
	<p>failed to ensure plans of care included all services in 2 (#s 11 and 15) of 4 records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 11 included a start of care comprehensive assessment dated 5-7-14 that states, "Pt [patient] has homemaker [sic] attendant [sic] 3 X/W [3 times per week] - 3 hrs a visit." <p>The plan of care for the certification period 5-7-14 to 7-5-14 failed to include the homemaker/attendant care services.</p> 2. Clinical record number 15 included a recertification comprehensive assessment dated 5-13-14 that states, "has [name of other agency] hmk [homemaker] 2H [hours] daily." <p>The plan of care for the certification period 5-16-14 to 7-14-14 failed to include the homemaker services provided by another agency.</p> 3. The supervising nurse indicated, on 5-22-14 at 12:30 PM, the plans of care included in records numbered 11 and 15 did not included the homemaker/attendant care services provided by other agencies. 		<p>of Clinical Services (DCS) and Clinical Educator regarding Policy # 33.24 Plan of Care and Physician Orders and Policy #33.20 Case Conference-Interdisciplinary Group Meeting/Coordination of Service. Information regarding coordination of care and importance of including other healthcare providers services to the plan of care was emphasized. Educational packets to be mailed to all Professional staff unable to attend the inservices by 061014. Patient #11- Physician was notified of homemaker and attendant care services on 060214. Patient #15- Physician was notified of homemaker services on 060214. To ensure compliance with the above policies and procedures the DCS or designee will conduct 4 random clinical record reviews per month to monitor the plans of care to ensure all services and treatments for the patient are included per physicians orders for 3 months starting week of 6/09/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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
G000170	<p>4. The agency's undated "Plan of Care and Physician Orders" policy number 33.24 states, "The plan of care should be based upon a current assessment of the client's needs for care. The plan of care must include: . . . types of services . . . all treatments."</p> <p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record and agency policy review and interview, the agency failed to ensure physician orders had been obtained for all services provided by the registered nurse (RN) in 1 (# 11) of 4 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 11 included a skilled nurse visit note dated 5-14-14 that evidenced the RN, employee A, had assisted the patient to perform a blood glucose monitoring check. The plan of care for the certification period 5-7-14 to 7-5-14 failed to evidence an order for the blood glucose check.</p> <p>2. The supervising nurse stated, on 5-22-14 at 12:35 PM, "There is no order for the blood glucose check."</p>	G000170	G170 Mandatory inservices were held 060414 and 060514 for Professional staff by the Director of Clinical Services (DCS) and Clinical Educator regarding Policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all treatments, care and services are provided according to physician orders. Educational packets to be mailed to all Professional staff unable to attend the inservices by 061014. Patient #11- Late order for blood glucose check obtained on 052214 from physician. To ensure compliance with the above policies and procedures the DCS or designee will conduct 4 random clinical record reviews per month to monitor that treatments, care and services were performed per physicians orders for 3 months starting week of 6/09/14 and then ongoing as part of the agency quarterly	06/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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>3. The agency's undated "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan of care . . . All care and services provided is according to current physician orders."</p> <p>This was a revisit for the State home health re-licensure survey completed on 4-2-14, 4-3-14, 4-4-14, 4-7-14, and 4-8-14.</p> <p>Survey Date: 5-22-14</p> <p>Facility #: 004372</p> <p>Medicaid Vendor #: 200272600A</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Twelve (12) deficiencies were found to be corrected as a result of this survey. Three (3) deficiencies remain uncorrected and were re-cited.</p>	N000000	<p>review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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
N000522	<p>Quality Review: Joyce Elder, MSN, BSN, RN May 30, 2014</p> <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: Based on clinical record and agency policy review and interview, the agency failed to ensure physician orders had been obtained for all services provided in 1 (# 11) of 4 records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 11 included a skilled nurse visit note dated 5-14-14 that evidenced the nurse had assisted the patient to perform a blood glucose monitoring check. The plan of care for the certification period 5-7-14 to 7-5-14 failed to evidence an order for the blood glucose check. 2. The supervising nurse stated, on 5-22-14 at 12:35 PM, "There is no order for the blood glucose check." 3. The agency's undated "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the 	N000522	N522 Mandatory inservices were held 060414 and 060514 for Professional staff by the Director of Clinical Services (DCS) and Clinical Educator regarding Policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all treatments, care and services are provided according to physician orders. Educational packets to be mailed to all Professional staff unable to attend the inservices by 061014. Patient #11- Late order for blood glucose check obtained on 052214 from physician. To ensure compliance with the above policies and procedures the DCS or designee will conduct 4 random clinical record reviews per month to monitor that treatments, care and services were performed per physicians orders for 3 months starting week of 6/09/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of	06/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710		
(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	
	<p>failed to ensure plans of care included all services in 2 (#s 11 and 15) of 4 records reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 11 included a start of care comprehensive assessment dated 5-7-14 that states, "Pt [patient] has homemaker [sic] attendant [sic] 3 X/W [3 times per week] - 3 hrs a visit." <p>The plan of care for the certification period 5-7-14 to 7-5-14 failed to include the homemaker/attendant care services.</p> 2. Clinical record number 15 included a recertification comprehensive assessment dated 5-13-14 that states, "has [name of other agency] hmk [homemaker] 2H [hours] daily." <p>The plan of care for the certification period 5-16-14 to 7-14-14 failed to include the homemaker services provided by another agency.</p> 3. The supervising nurse indicated, on 5-22-14 at 12:30 PM, the plans of care included in records numbered 11 and 15 did not included the homemaker/attendant care services provided by other agencies. 		<p>Professional staff by the Director of Clinical Services (DCS) and Clinical Educator regarding Policy # 33.24 Plan of Care and Physician Orders and Policy #33.20 Case Conference-Interdisciplinary Group Meeting/Coordination of Service. Information regarding coordination of care and importance of including other healthcare providers services to the plan of care was emphasized. Educational packets to be mailed to all Professional staff unable to attend the inservices by 061014. Patient #11- Physician was notified of homemaker and attendant care services on 060214. Patient #15- Physician was notified of homemaker services on 060214. To ensure compliance with the above policies and procedures the DCS or designee will conduct 4 random clinical record reviews per month to monitor the plans of care to ensure all services and treatments for the patient are included per physicians orders for 3 months starting week of 6/09/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710
---	---

(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
N000537	<p>4. The agency's undated "Plan of Care and Physician Orders" policy number 33.24 states, "The plan of care should be based upon a current assessment of the client's needs for care. The plan of care must include: . . . types of services . . . all treatments."</p> <p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record and agency policy review and interview, the agency failed to ensure physician orders had been obtained for all services provided by the registered nurse (RN) in 1 (# 11) of 4 records reviewed.</p> <p>The findings include:</p> <p>1. Clinical record number 11 included a skilled nurse visit note dated 5-14-14 that evidenced the RN, employee A, had assisted the patient to perform a blood glucose monitoring check. The plan of care for the certification period 5-7-14 to 7-5-14 failed to evidence an order for the blood glucose check.</p> <p>2. The supervising nurse stated, on</p>	N000537	N537 Mandatory inservices were held 060414 and 060514 for Professional staff by the Director of Clinical Services (DCS) and Clinical Educator regarding Policy # 33.24 Plan of Care and Physician Orders. The inservices included information that all treatments, care and services are provided according to physician orders. Educational packets to be mailed to all Professional staff unable to attend the inservices by 061014. Patient #11- Late order for blood glucose check obtained on 052214 from physician. To ensure compliance with the above policies and procedures the DCS or designee will conduct 4 random clinical record reviews per month to monitor that treatments, care and services were performed per physicians	06/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157565	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2504 WATERBRIDGE WAY EVANSVILLE, IN 47710		
(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	
	5-22-14 at 12:35 PM, "There is no order for the blood glucose check." 3. The agency's undated "Plan of Care and Physician Orders" policy number 33.24 states, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending/treating physician and to provide our clients with services and care consistent with their plan of care . . . All care and services provided is according to current physician orders."		orders for 3 months starting week of 6/09/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.		