

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157148	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/10/2012
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NAME OF PROVIDER OR SUPPLIER  GREENE COUNTY HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2121 E HWY 54 LINTON, IN 47441
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
G0000	<p>This was a home health agency federal recertification survey.</p> <p>Survey Dates: 08/06-10/12</p> <p>Facility #: 005324</p> <p>Medicaid Vendor #: 200435780</p> <p>Surveyor: Marty Coons, RN, PHNS Eric Moran, RN, PHNS</p> <p>Census: 246 Home Visits Scheduled: 6 Home Visits Made: 5 with one cancellation Records Reviewed: 12</p>	G0000		

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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G0115	<p>484.10(e)(2) PATIENT LIABILITY FOR PAYMENT The patient has the right to be advised orally and in writing of any changes in the information provided in accordance with paragraph (e)(1) of this section when they occur. The HHA must advise the patient of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that the HHA becomes aware of a change.</p> <p>Based on patient bill of rights form and clinical record review and interview, the agency failed to ensure the patient was clearly informed of the right to be informed of changes in any prior payment information given to the patient, orally and in writing, no later than 30 calendar days from the date the home health agency became aware of the change of payment for 12 (#s 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, and 12) of 12 clinical records reviewed causing the potential to affect every patient of the agency.</p> <p>Findings include:</p> <p>1. Review of the agency's document titled "Green County Home Healthcare Agency, L.L.C. Patient Bill of Rights evidenced the copy provided to the patients upon admission states, "The patient will also be advised of any changes, orally or in writing as soon as possible but no later</p>	G0115	G115 The Executive Director has revised the Patient Bill of Rights to read " The patient will also be advised of any changes, orally or in writing as soon as possible but no later than 30 calendar days from the date when the changes were made." The revised form will be placed in the admission folders by 08/24/2012 by office staff. For current patients the Executive Director will develop an Addendum to the Patient Bill of Rights noting the change to that item. "The patient will also be advised of any changes, orally or in writing as soon as possible but no later than 30 calendar days from the date when the changes were made". The addendum will be given to the current patients by the patient care staff by August 31, 2012. To prevent the wrong form being distributed again the admission checklist will include an indicator to check the revision date on the patient bill of rights. It will be the responsibility of the admission staff to complete the admission checklist.	08/21/2012			

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	<p>than 15 working days from the date when changes were made." This was not the 30 calendar days as required.</p> <p>2. Review of clinical records # 1 through 12, evidenced the patient or the patient's legal representative had signed that they had received the agency's Patient Bill of Rights form.</p> <p>3. On 08/08/12 at 4:15 PM, the clinical supervisor indicated the Patient Bill of Rights did read 15 working days and not 30 calendar days.</p>				