

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157578		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2012	
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH OF BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 1332 W ARCH HAVEN AVE STE E BLOOMINGTON, IN 47403			
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G0000	<p>This visit was for a federal home health agency recertification survey.</p> <p>Survey dates: 03/13-15/12</p> <p>Facility # 004926</p> <p>Medicaid Vendor #: 200836910</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor-Team Leader Dawn Snider, RN, PH Nurse Surveyor</p> <p>Skilled patients-102 Unduplicated admissions-467 Home Visits-6 Total record review-13</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 29, 2012</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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G0143	<p>484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.</p> <p>Based on observation, interview, and review of clinical records, the agency failed to ensure the registered nurse coordinated the patient's care with other agencies providing services in 2 of 2 (# 1 and 4) records reviewed of patients receiving services from another agency with the potential to affect all patients receiving services from another agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On a home visit to patient #1 on 3/14/12 at 8:58 AM, a caregiver was observed providing services to the client. The caregiver indicated she was from another agency. Clinical record #1 failed to evidence coordination of care with the other agency providing services to the patient. 2. On a home visit to patient #4 on 3/15/12 at 10:10 AM, patient #4 indicated the patient received services from another agency. The record failed to evidence coordination of care with the other agency providing services to the patient. 	G0143	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : 1. Education to the clinical staff regarding: Amedisys Policy & Procedures: a. Coordination of Care TX-002 " Coordination of Patient Services: All personnel furnishing services Maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. The clinical record or minutes or care conferences establish that effective interchange, reporting and coordination or patient care does occur." 2. Education on the following processes to be implemented: a. The clinical staff will call in report and frequency calendars to the Clinical Manager and/or Director of Operations for all Admissions/Recertifications/Resu mptions and will notify the Clinical Manager and/or Director Of Operations at that time of any other Agency providing services to the patient. This information will be added to the calendar. b. The Clinical Manager and/or</p>	04/15/2012	

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			Director of Operations will call the said agency and Coordinate Care with completion of the Coordination of Care form, and will also provide the other Agency information on the services we will provide for the patient with the name of the clinician/liason for the patient. c. The Clinician will add the name and the services provided to the 485 plan of care, and will notify the physician. d. The Clinical Resource Coordinator or Clinical Manager who locks the OASIS C will verify the secondary Agency is documented on the OASIS and the interventions to coordinate care is added to the 485 in locator 21. e. Patients with care provided by other agencies will be discussed ongoing during weekly Patient Care Conference. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts with an outside agency, to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Responsible person: Administrator/DOO/ Clinical Manager.		

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G0158	<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.</p> <p>Based on clinical record review and interview, the agency failed to ensure occupational therapy services were provided as ordered 1 of 1 (#5) record reviewed of patients with orders for occupational therapy services with the potential to affect all the agency's patients who require occupational therapy services.</p> <p>The findings include:</p> <p>1. Clinical record # 5 evidenced a signed physician order for physical therapy and occupational therapy (OT) services dated 21/27/12. The record failed to evidence any OT services had been provided.</p> <p>2. On 3/15/12 at 3:00 PM, the administrator / director of nursing indicated the agency's only OT was on a military leave and was unable to provide any documentation of OT services or that the physician was notified that OT services would not be available.</p>	G0158	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included :</p> <p>a. Amedisys Policy and Procedures; Physician Orders and Medical Supervision of the Plan of Care TX-001. Condition of Participation; Acceptance of Patients, Plan of Care, and Medical Supervision; "Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing and social needs can be met adequately by the agency in the patient's place of residence. Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine."</p> <p>b. Amedisys Policy and Procedures; Initial Referral/Admission Process; AA-002; If the agency cannot provide services as ordered, the physician/referral source will be notified and the</p>	04/15/2012			

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			<p>individual will be referred to another agency of his/her choice with appropriate referral information forwarded to receiving agency.</p> <p>c. Each week during patient care conference the following patient's will be discussed: all SOC, ROC, recertifications forthcoming, and any high risk patients. The 485/POC and all orders will be available for all professional clinicians to view at each visit via historical data in the Point of Care system.</p> <p>d. When a referral is received by the agency with an Occupational Therapy order, the Clinical Manager and/or Director of Operations will call the referring physician to inquire if the Physical Therapist can administer the OT or if the services need to be forwarded to another Home Health Agency until the Occupational Therapist position is filled.</p> <p>MONITORING: Director of Operations and /or Clinical Manager will audit 100% of all charts to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Director of Operations and/or Clinical Manager will review</p>	

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			each referral for staffing of OT needs Responsible person: Administrator/DOO/ Clinical Manager.		

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G0159	<p>484.18(a) PLAN OF CARE</p> <p>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.</p> <p>Based on observation, interview, and review of clinical records, the agency failed to ensure the plan of care included other agencies who were providing services in 2 of 2 (# 1 and 4) records reviewed of patients receiving services from another agency with the potential to affect all patients receiving services from another agency.</p> <p>The findings include:</p> <p>1. On a home visit to patient #1 on 3/14/12 at 8:58 AM, a caregiver was observed providing services to the client. The caregiver indicated she was from another agency. Clinical record #1 included plans of care for the certification periods 1/4/12 - 3/3/12 and 3/4/12 - 5/2/12 that failed to identify another agency was providing services to the patient.</p>	G0159	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : 1. Education to the clinical staff regarding: Amedisys Policy & Procedures: a. Coordination of Care TX-002 “ Coordination of Patient Services: All personnel furnishing services Maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. The clinical record or minutes or care conferences establish that effective interchange, reporting and coordination or patient care does occur.” 2. Education on the following processes to be implemented: a. The clinical staff will call in report and frequency calendars to the Clinical Manager and/or Director of Operations for all Admissions/Recertifications/Resu</p>	04/15/2012			

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	2. On a home visit to patient #4 with employee F, employee F indicated patient #4 received services from another agency. Clinical record #4 included a plan of care for the certification period 2/1/12 - 3/31/12 that failed to identify another agency was providing services to the patient.		ptions and will notify the Clinical Manager and/or Director Of Operations at that time of any other Agency providing services to the patient. This information will be added to the calendar. b. The Clinical Manager and/or Director of Operations will call the said agency and Coordinate Care with completion of the Coordination of Care form, and will also provide the other Agency information on the services we will provide for the patient with the name of the clinician/liason for the patient. c. The Clinician will add the name and the services provided to the 485 plan of care, and will notify the physician. d. The Clinical Resource Coordinator or Clinical Manager who locks the OASIS C will verify the secondary Agency is documented on the OASIS and the interventions to coordinate care is added to the 485 in locator 21. e. Patients with care provided by other agencies will be discussed ongoing during weekly Patient Care Conference. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts with an outside agency, to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Responsible person:		

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G0163	<p>484.18(b) PERIODIC REVIEW OF PLAN OF CARE The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode.</p> <p>Based on policy and clinical record review and interview, the agency failed to ensure that the plan of care was reviewed or signed by a physician according to agency policy for 2 of 3 (#1 and #5) records reviewed requiring the POC to be signed within 30 days with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <p>1. The agency's policy "TX-002" titled "Coordination of Care" with a revised date of 05/2011 stated, "The total plan of care is reviewed by the attending physician ... as often as the severity of the patient's condition requires, but at least once every 60 days."</p>	G0163	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included :</p> <p>a. Amedisys Policy and Procedures; Physician Orders and Medical Supervision of the Plan of Care TX-001. Standard: Periodic Review of Plan of Care-"Total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; or a significant change in condition resulting in the case-mix assignment; or a discharge and return to the same</p>	04/15/2012

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	2. The agency's policy "SC-024" titled "Physician Orders" with a revised date of 9/2011 stated, "The order must be signed and returned to the office in ... 30 days "		<p>HHA during the 60 day episode. Agency professional staff promptly alerts the physician to any changes that suggest a need to alter the plan of care."</p> <p>b. Each week during patient care conference the following patient's will be discussed: all SOC, ROC, recertifications forthcoming, and any high risk patients. The 485/POC and all orders will be available for all professional clinicians to view at each visit via historical data in the Point of Care system.</p> <p>c. Each week during Business Development meeting the 485's/POC that are not returned signed by the MD will be discussed and refaxed to the MD, they will also be given to the Account Executive to be hand delivered for signature to the MD office.</p> <p>d. 2 of 2, 485's that were not returned signed at time of survey are now returned signed. This is Complete.</p> <p>MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement</p>		

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	<p>3. Clinical record #1 included a plan of care for 1/4/12 - 3/3/12 that was not signed by the physician.</p> <p>4. Clinical record # 5 included a plan of care for 1/25/12 - 3/24/12 that was not signed by the physician.</p>		<p>review. Director of Operations will monitor for 30 day compliance by running daily reports thru AMS2 on status of 485 completion and return.</p> <p>Responsible person: Administrator/DOO/ Clinical Manager. Business Office Manager</p>	

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G0176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p>	G0176	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : 1. Education to the clinical staff regarding: Amedisys Policy & Procedures: a. Coordination of Care TX-002 " Coordination of Patient Services: All personnel furnishing services Maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. The clinical record or minutes or care conferences establish that effective interchange, reporting and coordination or patient care does occur." 2. Education on the following processes to be implemented: a. The clinical staff will call in report and frequency calendars to the Clinical Manager and/or Director of Operations for all Admissions/Recertifications/Resu mptions and will notify the Clinical Manager and/or Director Of Operations at that time of any other Agency providing services to the patient. This information will be added to the calendar. b. The Clinical Manager and/or</p>	04/15/2012

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	Based on observation, interview, and review of clinical records, the agency failed to ensure the registered nurse coordinated the patient's care with other		Director of Operations will call the said agency and Coordinate Care with completion of the Coordination of Care form, and will also provide the other Agency information on the services we will provide for the patient with the name of the clinician/liason for the patient. c. The Clinician will add the name and the services provided to the 485 plan of care, and will notify the physician. d. The Clinical Resource Coordinator or Clinical Manager who locks the OASIS C will verify the secondary Agency is documented on the OASIS and the interventions to coordinate care is added to the 485 in locator 21. e. Patients with care provided by other agencies will be discussed ongoing during weekly Patient Care Conference. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts with an outside agency, to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Responsible person: Administrator/DOO/ Clinical Manager.		

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	<p>agencies providing services in 2 of 2 (# 1 and 4) records reviewed of patients receiving services from another agency with the potential to affect all patients receiving services from another agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On a home visit to patient #1 on 3/14/12 at 8:58 AM, a caregiver was observed providing services to the client. The caregiver indicated she was from another agency. Clinical record #1 failed to evidence coordination of care with the other agency providing services to the patient. 2. On a home visit to patient #4 on 3/15/12 at 10:10 AM, patient #4 indicated the patient received services from another agency. The record failed to evidence coordination of care with the other agency providing services to the patient. 			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157578	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER AMEDISYS HOME HEALTH OF BLOOMINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1332 W ARCH HAVEN AVE STE E BLOOMINGTON, IN 47403		
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N0486	<p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on observation, interview, and review of clinical records, the agency failed to ensure the registered nurse coordinated the patient's care with other agencies providing services in 2 of 2 (# 1 and 4) records reviewed of patients receiving services from another agency with the potential to affect all patients receiving services from another agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On a home visit to patient #1 on 3/14/12 at 8:58 AM, a caregiver was observed providing services to the client. The caregiver indicated she was from another agency. Clinical record #1 failed to evidence coordination of care with the other agency providing services to the patient. 2. On a home visit to patient #4 on 3/15/12 at 10:10 AM, patient #4 indicated the patient received services from another agency. The record failed to evidence coordination of care with the other agency providing services to the patient. 	N0486	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : 1. Education to the clinical staff regarding: Amedisys Policy & Procedures: a. Coordination of Care TX-002 " Coordination of Patient Services: All personnel furnishing services Maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. The clinical record or minutes or care conferences establish that effective interchange, reporting and coordination or patient care does occur." 2. Education on the following processes to be implemented: a. The clinical staff will call in report and frequency calendars to the Clinical Manager and/or Director of Operations for all Admissions/Recertifications/Resumptions and will notify the Clinical Manager and/or Director Of Operations at that time of any other Agency providing services to the patient. This information will be added to the calendar. b. The Clinical Manager and/or Director of Operations will call the</p>	04/15/2012	

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			<p>said agency and Coordinate Care with completion of the Coordination of Care form, and will also provide the other Agency information on the services we will provide for the patient with the name of the clinician/liason for the patient.</p> <p>c. The Clinician will add the name and the services provided to the 485 plan of care, and will notify the physician. d. The Clinical Resource Coordinator or Clinical Manager who locks the OASIS C will verify the secondary Agency is documented on the OASIS and the interventions to coordinate care is added to the 485 in locator 21. e. Patients with care provided by other agencies will be discussed ongoing during weekly Patient Care Conference. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts with an outside agency, to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Responsible person: Administrator/DOO/ Clinical Manager.</p>	

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N0522	<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:</p> <p>Based on clinical record review and interview, the agency failed to ensure occupational therapy services were provided as ordered 1 of 1 (#5) record reviewed of patients with orders for occupational therapy services with the potential to affect all the agency's patients who require occupational therapy services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record # 5 evidenced a signed physician order for physical therapy and occupational therapy (OT) services dated 21/27/12. The record failed to evidence any OT services had been provided. 2. On 3/15/12 at 3:00 PM, the administrator / director of nursing indicated the agency's only OT was on a military leave and was unable to provide any documentation of OT services or that the physician was notified that OT services would not be available. 	N0522	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : a. Amedisys Policy and Procedures; Physician Orders and Medical Supervision of the Plan of Care TX-001. Condition of Participation; Acceptance of Patients, Plan of Care, and Medical Supervision; "Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing and social needs can be met adequately by the agency in the patient's place of residence. Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine." b. Amedisys Policy and Procedures; Initial Referral/Admission Process; AA-002; If the agency cannot provide services as ordered, the physician/referral source will be notified and the individual will be referred to another agency of his/her choice with appropriate referral information forwarded to receiving agency. c. Each week</p>	04/15/2012	

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			<p>during patient care conference the following patient's will be discussed: all SOC, ROC, recertifications forthcoming, and any high risk patients. The 485/POC and all orders will be available for all professional clinicians to view at each visit via historical data in the Point of Care system. d. When a referral is received by the agency with an Occupational Therapy order, the Clinical Manager and/or Director of Operations will call the referring physician to inquire if the Physical Therapist can administer the OT or if the services need to be forwarded to another Home Health Agency until the Occupational Therapist position is filled. MONITORING: Director of Operations and /or Clinical Manager will audit 100% of all charts to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Director of Operations and/or Clinical Manager will review each referral for staffing of OT needs. Responsible person: Administrator/DOO/ Clinical Manager.</p>	

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N0524	<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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (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>Based on observation, interview, and review of clinical records, the agency failed to ensure the plan of care included other agencies who were providing services in 2 of 2 (# 1 and 4) records reviewed of patients receiving services from another agency with the potential to affect all patients receiving services from another agency.</p> <p>The findings include:</p>	N0524	The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : 1. Education to the clinical staff regarding: Amedisys Policy & Procedures: a. Coordination of Care TX-002 " Coordination of Patient Services: All personnel furnishing services Maintain liaison to ensure that their efforts are coordinated effectively and support the	04/15/2012

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	<p>1. On a home visit to patient #1 on 3/14/12 at 8:58 AM, a caregiver was observed providing services to the client. The caregiver indicated she was from another agency. Clinical record #1 included plans of care for the certification periods 1/4/12 - 3/3/12 and 3/4/12 - 5/2/12 that failed to identify another agency was providing services to the patient.</p> <p>2. On a home visit to patient #4 with employee F, employee F indicated patient #4 received services from another agency. Clinical record #4 included a plan of care for the certification period 2/1/12 - 3/31/12 that failed to identify another agency was providing services to the patient.</p>		<p>objectives outlined in the plan of care. The clinical record or minutes or care conferences establish that effective interchange, reporting and coordination or patient care does occur." 2. Education on the following processes to be implemented: a. The clinical staff will call in report and frequency calendars to the Clinical Manager and/or Director of Operations for all Admissions/Recertifications/Resumptions and will notify the Clinical Manager and/or Director Of Operations at that time of any other Agency providing services to the patient. This information will be added to the calendar. b. The Clinical Manager and/or Director of Operations will call the said agency and Coordinate Care with completion of the Coordination of Care form, and will also provide the other Agency information on the services we will provide for the patient with the name of the clinician/liaison for the patient. c. The Clinician will add the name and the services provided to the 485 plan of care, and will notify the physician. d. The Clinical Resource Coordinator or Clinical Manager who locks the OASIS C will verify the secondary Agency is documented on the OASIS and the interventions to coordinate care is added to the 485 in locator 21. e. Patients with care provided by other</p>				

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			agencies will be discussed ongoing during weekly Patient Care Conference. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts with an outside agency, to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Responsible person: Administrator/DOO/ Clinical Manager.		

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N0526	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months.</p> <p>Based on policy and clinical record review and interview, the agency failed to ensure that the plan of care was reviewed or signed by a physician according to agency policy for 2 of 3 (#1 and #5) records reviewed requiring the POC to be signed within 30 days with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The agency's policy "TX-002" titled "Coordination of Care" with a revised date of 05/2011 stated, "The total plan of care is reviewed by the attending physician ... as often as the severity of the patient's condition requires, but at least once every 60 days." 2. The agency's policy "SC-024" titled "Physician Orders" with a revised date of 9/2011 stated, "The order must be signed and returned to the office in ... 30 days " 	N0526	<p>The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : a. Amedisys Policy and Procedures; Physician Orders and Medical Supervision of the Plan of Care TX-001. Standard: Periodic Review of Plan of Care-"Total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; or a significant change in condition resulting in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode. Agency professional staff promptly alerts the physician to any changes that suggest a need to alter the plan of care." b. Each week during patient care conference the following patient's will be discussed: all SOC, ROC, recertifications forthcoming, and any high risk patients. The</p>	04/15/2012			

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	<p>3. Clinical record #1 included a plan of care for 1/4/12 - 3/3/12 that was not signed by the physician.</p> <p>4. Clinical record # 5 included a plan of</p>		<p>485/POC and all orders will be available for all professional clinicians to view at each visit via historical data in the Point of Care system. c. Each week during Business Development meeting the 485's/POC that are not returned signed by the MD will be discussed and refaxed to the MD, they will also be given to the Account Executive to be hand delivered for signature to the MD office. d. 2 of 2, 485's that were not returned signed at time of survey are now returned signed. This is Complete. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Director of Operations will monitor for 30 day compliance by running daily reports thru AMS2 on status of 485 completion and return. Responsible person: Administrator/DOO/ Clinical Manager. Business Office Manager</p>		

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	care for 1/25/12 - 3/24/12 that was not signed by the physician.			

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N0545	410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services.	N0545	The Director of Operations reviewed the survey report with Clinical and Business office staff 4/3/12. An in-service was conducted by the Director Of Operations on 3/22/12 and included : 1. Education to the clinical staff regarding: Amedisys Policy & Procedures: a. Coordination of Care TX-002 " Coordination of Patient Services: All personnel furnishing services Maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. The clinical record or minutes or care conferences establish that effective interchange, reporting and coordination or patient care does occur." 2. Education on the following processes to be implemented: a. The clinical staff will call in report and frequency calendars to the Clinical Manager and/or Director of Operations for all Admissions/Recertifications/Resuptions and will notify the Clinical Manager and/or Director Of Operations at that time of any other Agency providing services to the patient. This information	04/15/2012	

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	Based on observation, interview, and		<p>will be added to the calendar.</p> <p>b. The Clinical Manager and/or Director of Operations will call the said agency and Coordinate Care with completion of the Coordination of Care form, and will also provide the other Agency information on the services we will provide for the patient with the name of the clinician/liaison for the patient.</p> <p>c. The Clinician will add the name and the services provided to the 485 plan of care, and will notify the physician.</p> <p>d. The Clinical Resource Coordinator or Clinical Manager who locks the OASIS C will verify the secondary Agency is documented on the OASIS and the interventions to coordinate care is added to the 485 in locator 21.</p> <p>e. Patients with care provided by other agencies will be discussed ongoing during weekly Patient Care Conference. MONITORING: Director of Operations and/or Clinical Manager will audit 100% of all charts with an outside agency, to monitor compliance, and ensure this deficiency has been corrected. This process will be ongoing until 100% compliance is reached and then it will continue to be a quarterly performance improvement review. Responsible person: Administrator/DOO/ Clinical Manager.</p>		

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	<p>review of clinical records, the agency failed to ensure the registered nurse coordinated the patient's care with other agencies providing services in 2 of 2 (# 1 and 4) records reviewed of patients receiving services from another agency with the potential to affect all patients receiving services from another agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. On a home visit to patient #1 on 3/14/12 at 8:58 AM, a caregiver was observed providing services to the client. The caregiver indicated she was from another agency. Clinical record #1 failed to evidence coordination of care with the other agency providing services to the patient. 2. On a home visit to patient #4 on 3/15/12 at 10:10 AM, patient #4 indicated the patient received services from another agency. The record failed to evidence coordination of care with the other agency providing services to the patient. 				