

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 02/20/2014
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NAME OF PROVIDER OR SUPPLIER  MEADOWS HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1009 WABASH AVE TERRE HAUTE, IN 47807
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N000000	<p>This visit was for a state home health complaint investigation.</p> <p>Complaint IN00142369 - Substantiated: State deficiencies related to the allegations are cited.</p> <p>Survey Date: February 20, 2014</p> <p>Facility #011950</p> <p>Surveyor: Shannon Pietraszewski, R.N. Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 25, 2014</p>	N000000		
N000522	<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 review and interview, the agency failed to ensure home health aides followed the plan of care for 3 of 5 clinical records reviewed. This had the potential to affect all patients who were receiving services</p>	N000522	The Nursing Supervisor will inservice all Home Health Aides on following the written assignment for their client's this month, March 2014. Written documentation that the inservice was completed will be placed in each employee's file. The	03/22/2014

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>with the agency. (# 2, 3, and 5)</p> <p>Findings include:</p> <p>1. Clinical record 2, SOC (start of care) 01/18/12, included a plan of care for the certification period 12/28/13 to 02/25/14. The home health aide (HHA) was to assist with personal care needs, including activities of daily living, transfers, meal preparations, light housekeeping, and medication reminders as needed for 1 - 2 times per week for 60 days. The "AIDE ASSIGNMENT / CARE PLAN" evidenced the patient was to have a tub / shower or assist bath - chair, assist with dressing, hair care, shampoo, mouth care, denture care, hand / nail care, foot care, skin care, perineal care and light housekeeping "per patient request." The "Activity" included assist ambulation, walker, wheelchair, cane, assist mobility, chair, bed, tub / shower, positioning, range of motion and medication reminder "per patient request," exercises. The plan of care failed to evidence the aide was to drive the patient on errands.</p> <p>a. The clinical record failed to evidence if the aide provided the ordered care on 08/15/13, 08/22/13, 08/29/13, 09/05/13, 09/12/13, 10/03/13, 10/10/13, 10/17/13, and 10/31/13 or that the</p>		<p>Nursing Supervisor will monitor each client's file to ensure that the Home Health Aides are following the Plan of Care each time the Plan of Care is updated. At the quarterly Quality Assurance meetings a random number of files will be selected for review and checked to ensure the Home Health Aides are following the Plan of Care. The Nursing Supervisor is responsible to ensure this is being done.</p>				

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	<p>patient refused the care.</p> <p>b. Home health aide visit note dated 08/15/13 stated "took to 2nd hand store on 9th St ... "</p> <p>c. Home health aide visit note dated 09/12/13 stated "took to [name of facility] for blood work ... "</p> <p>d. Home health aide visit note dated 10/24/13 stated "We went to [name of drug store] for medicine ... "</p> <p>2. Clinical record 3, SOC 08/02/13, included a plan of care for the certification period 11/30/13 to 01/28/14. The home health aide was to assist with personal care needs, including activities of daily living, transfers, meal preparations, light housekeeping, and medication reminders as needed for 2 - 3 times per week for 60 days. The "AIDE ASSIGNMENT / CARE PLAN" evidenced the patient was to have a tub / shower or assist bath - chair, assist with dressing, hair care, shampoo, mouth care, denture care, hand / nail care, foot care, skin care, perineal care and light housekeeping "per patient request." The "Activity" included assist ambulation, walker, wheelchair, cane, assist mobility, chair, bed, tub / shower, positioning, range of</p>				

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	<p>motion and medication reminder "per patient request," exercises. The clinical record failed to evidence if the aide provided the ordered care on 10/21/13, 10/28/13, 10/29/13, 11/01/13, 11/06/13, 11/08/13, 11/11/13, 11/15/13, 01/20/14, and 01/22/14 or that the patient refused the care.</p> <p>3. Clinical record 5, SOC 09/25/13, included a plan of care for the certification period 11/24/13 to 01/22/14. The home health aide was to assist with personal care needs, including activities of daily living, transfers, meal preparations, light housekeeping, and medication reminders as needed for 2 - 3 times per week for 60 days. The "AIDE ASSIGNMENT / CARE PLAN" evidenced the patient was to have a tub / shower or assist bath - chair, assist with dressing, hair care, shampoo, mouth care, denture care, hand / nail care, foot care, skin care, perineal care and light housekeeping "per patient request." The "Activity" included assist ambulation, walker, wheelchair, cane, assist mobility, chair, bed, tub / shower, positioning, range of motion and medication reminder "per patient request," exercises. The plan of care failed to evidence the aide was to take the patient on errands.</p>						

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	<p>a. The clinical record failed to evidence that at least 2 visits were made by a home health aide during the week of 12/22/13, 01/06/14, and 01/12/14.</p> <p>b. The clinical record failed to evidence if the aide provided the ordered care on 10/01/13, 10/03/13, 10/07/13, 10/22/13, 10/29/13, 10/31/13, 11/04/13, 11/07/13, 11/08/13, 11/12/13, 11/14/13, 11/18/13, 11/26/13, 11/28/13, 11/30/13, 12/03/13, 12/05/13, 12/12/13, 12/17/13, 12/19/13, 12/26/13, and 01/09/14 or that the patient refused the care.</p> <p>c. Home health aide visit note dated 10/01/13 stated, "took client to the store ... "</p> <p>d. Home health aide visit note dated 10/07/13 stated, "took her shoppen [SIC]."</p> <p>e. Home health aide visit note dated 10/22/13 stated, "Errands" and "companionship".</p> <p>f. Home health aide visit note dated 10/31/13 stated, "went to [name of store]."</p> <p>g. Home health aide visit note dated 11/04/13 stated, "took to [name of store] and [name of store]."</p>			

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	<p>h. Home health aide visit note dated 11/12/13 stated, "companionship" and "went to store."</p> <p>i. Home health aide visit note dated 11/14/13 stated, "Took client to [name of store] / [name of store] and [name of restaurant]. Used up all [patient's] time shopping. Client thought it was homemaker day."</p> <p>j. Home health aide visit note dated 11/18/13 stated, "companionship" and "took [name of patient] to [name of store] and to [name of restaurant]!"</p> <p>k. Home health aide visit note dated 12/17/13 stated, "kepted [SIC] company" and "went to [name of store]."</p> <p>l. Home health aide visit note dated 12/26/13 stated, "errands."</p> <p>m. Home health aide visit note dated 01/09/14 stated, "carry oxygen to car, helped [name of patient] get in and out of car to wheelchair, carry groceries in, we went to [name of store]."</p> <p>4. On 2/20/14 at 03:30 PM, the Administrator indicated the home health aides should not be transporting patients. The Director of Nursing indicated</p>						

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	<p>patient 5 always wanted home health aides to take her places and refused baths / showers often.</p> <p>5. A policy titled "Plan of Care Policy and Procedure" (undated) stated, "All services will be provided according to the POC [plan of care]."</p>			

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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> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record review and interview, the agency failed to include personal services provided to patients in the plan of care for 2 of 5 records reviewed. This had the potential to affect all patients who received personal services. (# 2 and 5)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 2, SOC (start of care) 01/18/12, included a plan of care for the</li> </ol>	N000524	All clients who receive additional services will be included on client's Plan of Care. The Nursing Supervisor will ensure the Plan of Care includes all services provided by Meadows Home Health Care. Services provided by other agencies will be noted as well. The Nursing Supervisor will monitor this when updating the Plan of Care. This will also be monitored during the quarterly Quality Assurance review. The Nursing Supervisor is responsible to ensure this is	03/22/2014			

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	<p>certification period 12/28/13 to 02/25/14. The Plan of Care failed to evidenced the patient was receiving personal care services.</p> <p>2. Clinical record 5, SOC 09/25/13, included a plan of care for the certification period 11/24/13 to 01/22/14. The Plan of Care failed to evidenced the patient was receiving personal care services.</p> <p>3. The Director of Nursing was unable to provide any additional documentation and/or information when asked n 2/20/14 at 03:30 PM.</p>		being done.	