

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 01/02/2014
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NAME OF PROVIDER OR SUPPLIER  COMFORT KEEPERS	STREET ADDRESS, CITY, STATE, ZIP CODE 5214 S EAST STREET, SUITE D1 INDIANAPOLIS, IN 46227
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G000000	<p>This visit was a Home Health Initial Medicaid Certification survey. This was a partial extended survey.</p> <p>Survey Dates: December 30-31, 2013, to January 2, 2014 Partial Extended Survey Dates: December 31, 2013, to January 2, 2014</p> <p>Facility Number: 013272</p> <p>Medicaid Number: N/A</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 12 Home Health Aide Only: 0 Personal Care Only: 0 Total: 12</p> <p>Sample: RR w/HV: 3 RR w/o HV: 9 Total: 12</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 9, 2014</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.

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G000116	<p>484.10(f) HOME HEALTH HOTLINE The patient has the right to be advised of the availability of the toll-free HHA hotline in the State.</p> <p>When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the State, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirements.</p> <p>Based on admission packet review, clinical record review, and interview, the agency failed to ensure patients were given the correct Indiana State Department of Health (ISDH) complaint hotline number for 12 of 12 records reviewed (#1-#12) with the potential to affect all 12 patients receiving services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The undated admission packet states,"To file a complaint with Indiana State Department of Health, call toll free 1-800-246-8909." The correct hotline # is 1-800-227-6334.</li> <li>2. Clinical records 1-12 evidenced the patient had received the admission packet</li> </ol>	G000116	G116 Agency will immediately correct hotline to this #1-800-227-6334 in new admission folders/packets. Current active patients will receive new admission packets and incorrect admission packets will be removed from home and discarded. Administrator will be responsible for hotline # change and that all packets have been replaced with active patients. This immediate change will prevent any further errors in hotline # for ISDH.The Administrator will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/14/2014

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	with the incorrect hotline number.  3. During an interview on 12/30/13 at 12:45 PM, employee B, Administrator, indicated she was unaware of the correct Home Health Agency hotline.						

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G000158	<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 record review and interview, the agency failed to ensure Skilled Nursing (SN) visits were made as ordered on the Plan of Care (POC) in 1 of 12 records reviewed (#2) with the potential to affect all patients of the agency who receive SN services.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care (SOC) 11/25/13, contained a home health certification and plan of care dated 11/25/13-1/23/14 with orders for SN to visit the patient once a week for six weeks. A physician's written order with an effective date of 12/5/13 ordered SN to visit the patient once a week for one week, twice a week for four weeks, and once a week for one week. The record evidenced the following:</p> <p>A. On 12/13/13, employee C, RN, visited the patient for wound care (week 2).</p> <p>B. On 12/17/13, employee C, RN, visited the patient for assessment and education</p>	G000158	G158 Skilled nursing and home health aide staff will provide a weekly schedule on the Thursday prior to the following week to the scheduler with the current visit frequency. The scheduler will then confirm that the current physician orders match the current plan of treatment. This will prevent missed visits or visits made without a physician order and will keep agency in compliance with the current plan of treatment. The staff will be educated including nursing, home health aide, and scheduler. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/13/2014			

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	<p>(week 3).</p> <p>C. The record failed to evidence a second SN visit for the weeks of 12/9/13 to 12/15/13 and the week of 12/16/13 to 12/22/13.</p> <p>D. During an interview on 1/2/14 at 5:05 PM, employee C, Director of Nursing, indicated she forgot to write down an order for once a week which would have made the visits not look like they were missed.</p> <p>2. During an interview on 1/2/14 at 1:11 PM, Employee C, Director of Nursing, indicated she failed to create a communication note explaining why it appeared SN visits were missed. Employee C further indicated the physician was going to evaluate the patient in the meantime, and that is why SN did not visit the patient.</p>						

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G000159	<p><b>484.18(a)</b> <b>PLAN OF CARE</b> 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 clinical record review and interview, the agency failed to ensure the plan of care (POC) certification period was entered correctly or contained a full 60 day certification period and the POC included the frequency of visits in 6 of 12 records reviewed with the potential to affect six patients that receive home health services. (#4, #5, #7, #9, #10 and #12)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Clinical record #4, with a Start of Care (SOC) date of 11/14/13, contained a POC for the certification period 11/15/13 -1/13/14. The POC failed to start the certification period on 11/14/13.</li> <li>Clinical record #5, with a SOC date of 10/24/13, contained POCs for the certification periods 10/24/13-12/22/13</li> </ol>	G000159	G159 Contact software company (Kaleida Systems) on 1/10/2014 in regards to glitch of certification dates being inaccurate after dates being entered correctly. Director of Nursing will be responsible for auditing the plan of treatment dates for accuracy once the plan of treatment is completed prior to faxing to the physician for signature. For 3 months the Director of Nursing will responsible for auditing 10% of all patient charts monthly until 100% compliance is met then audits will be changed to quarterly. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/13/2014			

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	<p>and 11/24/13 -1/22/14. The POC with the 11/24/13-1/22/14 certification period failed to begin the certification period on 12/23/13.</p> <p>3. Clinical record #7, with a SOC date of 12/12/13, contained a POC for the certification period 12/12/13 -2/9/13. The POC failed to evidence the certification period ending in 2014.</p> <p>4. Clinical record #9, with a SOC date of 11/1/13, contained a POC for the certification period 11/1/13 -12/1/13. The POC failed to evidence a 60 day certification period.</p> <p style="padding-left: 40px;">A. The plan of care for the certification period dated 11/1/13 - 12/1/13 included orders for SN to follow frequency of Dr. Manns recommendation after he evaluates the patient this week. The record failed to evidence a frequency for SN visits.</p> <p style="padding-left: 40px;">B. During an interview on 1/2/14 at 1:11 PM, Employee C, Director of Nursing, indicated the frequency would need to be on the POC.</p> <p>5. Clinical record #10, with a SOC date of 10/31/13, contained a POC for the certification period 10/31/13 -11/30/13. The POC failed to evidence a 60 day</p>			

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	<p>certification period.</p> <p>6. Clinical record #12, with a SOC date of 11/6/13, contained a POC for the certification period 11/6/13 - 12/6/13. The POC failed to evidence a 60 day certification period.</p> <p>7. During an interview on 12/31/13 at 5:27 PM, Employee B, Administrator, indicated clinical record #4's certification period should have begun on 11/14/13.</p> <p>8. During an interview on 1/2/14 at 5:25 PM, Employee B, Administrator, indicated a computer software glitch must be the reason why the certification dates are incorrect.</p>						

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G000170	<p><b>484.30 SKILLED NURSING SERVICES</b> The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>Based on record review and interview, the agency failed to ensure Skilled Nursing (SN) visits were made as ordered on the Plan of Care (POC) in 1 of 12 records reviewed (#2) with the potential to affect all patients of the agency who receive SN services.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care (SOC) 11/25/13, contained a home health certification and plan of care dated 11/25/13-1/23/14 with orders for SN to visit the patient once a week for six weeks. A physician's written order with an effective date of 12/5/13 ordered SN to visit the patient once a week for one week, twice a week for four weeks, and once a week for one week. The record evidenced the following:</p> <p>A. On 12/13/13, employee C, RN, visited the patient for wound care (week 2).</p> <p>B. On 12/17/13, employee C, RN, visited the patient for assessment and education (week 3).</p> <p>C. The record failed to evidence a second</p>	G000170	G170 Skilled nursing and home health aide staff will provide a weekly schedule on the Thursday prior to the following week to the scheduler with the current visit frequency. The scheduler will then confirm that the current physician orders match the current plan of treatment. This will prevent missed visits or visits made without a physician order and will keep agency in compliance with current plan of treatment. The staff will be educated including nursing, home health aide, and scheduler. For 3 months the Director of Nursing will responsible for auditing 10% of all patient charts monthly until 100% compliance is met then audits will be changed to quarterly. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/13/2014			

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	<p>SN visit for the weeks of 12/9/13 to 12/15/13 and the week of 12/16/13 to 12/22/13.</p> <p>D. During an interview on 1/2/14 at 5:05 PM, employee C, Director of Nursing, indicated she forgot to write down an order for once a week which would have made the visits not look like they were missed.</p> <p>2. During an interview on 1/2/14 at 1:11 PM, Employee C, Director of Nursing, indicated she failed to create a communication note explaining why it appeared SN visits were missed. Employee C further indicated the physician was going to evaluate the patient in the meantime, and that is why SN did not visit the patient.</p>			

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G000224	<p>484.36(c)(1) ASSIGNMENT &amp; DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>Based on clinical record review and interview, the agency failed to ensure the Home Health Aide (HHA) plan of care was updated at least every 60 days in 1 of 2 records reviewed of patients receiving HHA services with the potential to affect all 2 patients receiving HHA services. (#5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #5, start of care 10/24/13, contained a plan of care for the certification period of 10/24/13 to 12/22/13 and the certification period of 11/24/13 to 1/22/14. The record contained an Aide Care Plan with a Registered Nurse (RN) review date of 10/24/13. The aide plan of care failed to evidence a RN review date and / or signature for the 11/24/13 to 1/22/14 certification period.</li> <li>2. During an interview on 12/31/13 at 5:32 PM, Employee B, Administrator, acknowledged that the Aide Care Plan</li> </ol>	G000224	<p>G224 Contact software company (Kaleida Systems) on 1/10/2014 in regards to glitch of certification dates being inaccurate after dates being entered correctly. Director of Nursing will be responsible for auditing the plan of treatment dates for accuracy prior to faxing to the physician for signature. Home Health Aides will be educated and responsible for turning in weekly schedule prior to following week's visits. Will report to case manager and/or Director of Nursing weekly to make sure no changes in patient status, ie: hospitalization, order or frequency changes. Skilled Nursing will be educated to review and sign the Home Health Aide Care Plan at start of care, recertification, resumption of care, and patient status changes. For 3 months the Director of Nursing will responsible for auditing 10% of all patient charts monthly until 100% compliance is met then audits will be changed to quarterly.</p>	01/13/2014			

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	would need to be signed or initialed and updated by the RN every 60 days.			

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G000337	<p>484.55(c) DRUG REGIMEN REVIEW</p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on clinical record review and interview, the agency failed to ensure the medication profile was updated and reviewed by the Registered Nurse (RN) every time new medications were added in 1 of 12 clinical records reviewed with the potential to affect all patients at this agency. (#9)</p> <p>Findings include:</p> <p>1. Clinical record #9, Start of Care (SOC) 11/1/13, included a plan of care for the home health certification periods from 11/1/13 to 12/1/13. The record also included a Medication Profile signed off by the RN on 11/1/13 and a Medication Profile Addendum signed off by the RN on 11/1/13. Keflex 500 milligrams by mouth for ten days was added to the Medication Profile Addendum on 12/5/13, and Lantus 80 units subcutaneous was added to the Medication Profile Addendum on 11/28/13. The record failed to evidence</p>	G000337	G337 Skilled Nursing will be educated to update the medication profile at every nursing visit and document in the medication profile in the patient's home folder and skilled nursing note. The Director of Nursing will be responsible for adding the change to the current medication profile in the patient's chart with a date and signature for each change. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur. For 3 months the Director of Nursing will be responsible for auditing 10% of all patient charts monthly until 100% compliance is met then audits will be changed to quarterly.	01/13/2014			

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	<p>the RN updated the Medication profile when these medications were added.</p> <p>2. During an interview on 1/2/14 at 5:20 PM, employee C, Director of Nursing, indicated the RN needs to review and sign off the medication profile at SOC, recertification, and when a new medication is added.</p>			

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N000000	<p>This visit was for an Initial Home Health state licensure survey.</p> <p>Survey Dates: December 30-31, 2013, to January 2, 2014</p> <p>Facility Number: 013272</p> <p>Medicaid Number: N/A</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 12 Home Health Aide Only: 0 Personal Care Only: 0 Total: 12</p> <p>Sample: RR w/HV: 3 RR w/o HV: 9 Total: 12</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 9, 2014</p>	N000000					

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N000464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on</p>						

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	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file review and interview, the agency failed to ensure all employees had the second step of the PPD (purified protein derivative) within 1 to 3 weeks after the first PPD skin test was administered or that there was documentation of a negative PPD within the previous 12 months for 1 of 5 personnel files reviewed with the potential to affect the agency's 7 current patients. (G)</p> <p>Findings include:</p> <p>1. Personnel file G, date of hire 11/20/13 and first patient contact 11/25/13, evidenced TB results read on 11/18/13. The file failed to evidence a second TB test was administered as required or that the individual had a negative TB test in the previous 12 months.</p> <p>2. On 1/2/14 at 5:17 PM, employee B,</p>	N000464	<p>N 464 Educate Human Resources upon new hires to provide documentation of a baseline two-step tuberculin skin test administered in the last 12 months and/or a negative finding on a tuberculosis examination within the previous twelve months. If previously positive results employee must have had a chest radiograph to exclude a diagnosis of tuberculosis. Education must include annual testing of all employees with direct patient contact. Human Resources will keep monthly calendar of all employee's renewal of annual testing. Employees will be given a 30 day notice prior to annual examination needed. If employee fails to provide documentation they will have no direct patient contact until proof is received or a new two-step baseline is provided. The Administrator will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.</p>	01/13/2014			

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	Administrator, indicated she wasn't aware that employee G needed a second step PPD. Employee B further indicated she thought employee G met the state rule because the PPD was read before hire.			

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N000502	<p>410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (C) Place a complaint with the department regarding treatment or care furnished by a home health agency.</p> <p>Based on admission packet review, clinical record review, and interview, the agency failed to ensure patients were given the correct Indiana State Department of Health (ISDH) complaint hotline number for 12 of 12 records reviewed (#1-#12) with the potential to affect all 12 patients receiving services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The undated admission packet states, "To file a complaint with Indiana State Department of Health, call toll free 1-800-246-8909." The correct hotline # is 1-800-227-6334.</li> <li>2. Clinical records 1-12 evidenced the patient had received the admission packet with the incorrect hotline number.</li> <li>3. During an interview on 12/30/13 at 12:45 PM, employee B, Administrator, indicated she was unaware of the correct Home Health Agency hotline.</li> </ol>	N000502	N 502 Agency will immediately correct hotline to this #1-800-227-6334 in new admission folders/packets. Current active patients will receive new admission packets and incorrect admission packets will be removed from home and discarded. Administrator will be responsible for hotline # change and that all packets have been replaced with active patients. This immediate change will prevent any further errors in hotline # for ISDH. The Administrator will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/14/2014			

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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:</p> <p>Based on record review and interview, the agency failed to ensure Skilled Nursing (SN) visits were made as ordered on the Plan of Care (POC) in 1 of 12 records reviewed (#2) with the potential to affect all patients of the agency who receive SN services.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care (SOC) 11/25/13, contained a home health certification and plan of care dated 11/25/13-1/23/14 with orders for SN to visit the patient once a week for six weeks. A physician's written order with an effective date of 12/5/13 ordered SN to visit the patient once a week for one week, twice a week for four weeks, and once a week for one week. The record evidenced the following:</p> <p>A. On 12/13/13, employee C, RN, visited the patient for wound care (week 2).</p> <p>B. On 12/17/13, employee C, RN, visited the patient for assessment and education</p>	N000522	N 522 Skilled nursing and home health aide staff will provide a weekly schedule on the Thursday prior to the following week to the scheduler with the current visit frequency. The scheduler will then confirm that the current physician orders match the current plan of treatment. This will prevent missed visits or visits made without a physician order and will keep agency in compliance with current plan of treatment. The staff will be educated including nursing, home health aide, and scheduler. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/13/2014			

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	<p>(week 3).</p> <p>C. The record failed to evidence a second SN visit for the weeks of 12/9/13 to 12/15/13 and the week of 12/16/13 to 12/22/13.</p> <p>D. During an interview on 1/2/14 at 5:05 PM, employee C, Director of Nursing, indicated she forgot to write down an order for once a week which would have made the visits not look like they were missed.</p> <p>2. During an interview on 1/2/14 at 1:11 PM, Employee C, Director of Nursing, indicated she failed to create a communication note explaining why it appeared SN visits were missed. Employee C further indicated the physician was going to evaluate the patient in the meantime, and that is why SN did not visit the patient.</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 ensure the plan of care (POC) certification period was entered correctly or contained a full 60 day certification period and the POC included the frequency and duration of visits in 6 of 12 records reviewed with the potential to affect six patients that receive home health services. (#4, #5, #7, #9, #10 and #12)</p>	N000524	N 524 Contact software company (Kaleida Systems) on 1/10/2014 in regards to glitch of certification dates being inaccurate after dates being entered correctly. The Director of Nursing will be responsible for auditing the plan of treatment dates for accuracy after the plan of treatment is created and prior to faxing to the physician for signature. For 3 months the Director of Nursing will responsible for auditing 10% of all patient charts monthly until 100%	01/13/2014

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	<p>Findings include:</p> <p>1. Clinical record #4, with a Start of Care (SOC) date of 11/14/13, contained a POC for the certification period 11/15/13 -1/13/14. The POC failed to start the certification period on 11/14/13.</p> <p style="padding-left: 40px;">A. The POC for the certification period dated 11/15/13 - 1/13/14 included orders for skilled nursing (SN) to evaluate wound weekly. The record failed to evidence a duration for SN visits.</p> <p style="padding-left: 40px;">B. During an interview on 12/31/13 at 5:29 PM, Employee B, Administrator, indicated the POC should have had a duration.</p> <p>2. Clinical record #5, with a SOC date of 10/24/13, contained POCs for the certification periods 10/24/13-12/22/13 and 11/24/13 -1/22/14. The POC with the 11/24/13-1/22/14 certification period failed to begin the certification period on 12/23/13.</p> <p>3. Clinical record #7, with a SOC date of 12/12/13, contained a POC for the certification period 12/12/13 -2/9/13. The POC failed to evidence the certification period ending in 2014.</p> <p>4. Clinical record #9, with a SOC date of</p>		<p>compliance is met then audits will be changed to quarterly. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.</p>				

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	<p>11/1/13, contained a POC for the certification period 11/1/13 -12/1/13. The POC failed to evidence a 60 day certification period.</p> <p>A. The plan of care for the certification period dated 11/1/13 - 12/1/13 included orders for SN to follow frequency of Dr. Manns recommendation after he evaluates the patient this week. The record failed to evidence a frequency and duration for SN visits.</p> <p>B. During an interview on 1/2/14 at 1:11 PM, Employee C, Director of Nursing, indicated the frequency and duration would need to be on the POC.</p> <p>5. Clinical record #10, with a SOC date of 10/31/13, contained a POC for the certification period 10/31/13 -11/30/13. The POC failed to evidence a 60 day certification period.</p> <p>6. Clinical record #12, with a SOC date of 11/6/13, contained a POC for the certification period 11/6/13 - 12/6/13. The POC failed to evidence a 60 day certification period.</p> <p>7. During an interview on 12/31/13 at 5:27 PM, Employee B, Administrator, indicated clinical record #4's certification period should have begun on 11/14/13.</p>			

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	8. During an interview on 1/2/14 at 5:25 PM, Employee B, Administrator, indicated a computer software glitch must be the reason why the certification dates are incorrect.			

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N000537	<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:</p> <p>Based on record review and interview, the agency failed to ensure Skilled Nursing (SN) visits were made as ordered on the Plan of Care (POC) in 1 of 12 records reviewed (#2) with the potential to affect all patients of the agency who receive SN services.</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care (SOC) 11/25/13, contained a home health certification and plan of care dated 11/25/13-1/23/14 with orders for SN to visit the patient once a week for six weeks. A physician's written order with an effective date of 12/5/13 ordered SN to visit the patient once a week for one week, twice a week for four weeks, and once a week for one week. The record evidenced the following:</p> <p>A. On 12/13/13, employee C, RN, visited the patient for wound care (week 2).</p> <p>B. On 12/17/13, employee C, RN, visited the patient for assessment and education</p>	N000537	N 537 Skilled nursing and home health aide staff will provide a weekly schedule on the Thursday prior to the following week to the scheduler with the current visit frequency. The scheduler will then confirm that the current physician orders match the current plan of treatment. This will prevent missed visits or visits made without a physician order and will keep agency in compliance with the current plan of treatment. The staff will be educated including nursing, home health aide, and scheduler. The Director of Nursing will be responsible for the education and compliance to ensure that this deficiency is corrected and will not recur.	01/13/2014			

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	<p>(week 3).</p> <p>C. The record failed to evidence a second SN visit for the weeks of 12/9/13 to 12/15/13 and the week of 12/16/13 to 12/22/13.</p> <p>D. During an interview on 1/2/14 at 5:05 PM, employee C, Director of Nursing, indicated she forgot to write down an order for once a week which would have made the visits not look like they were missed.</p> <p>2. During an interview on 1/2/14 at 1:11 PM, Employee C, Director of Nursing, indicated she failed to create a communication note explaining why it appeared SN visits were missed. Employee C further indicated the physician was going to evaluate the patient in the meantime, and that is why SN did not visit the patient.</p>						

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N000550	<p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on clinical record review and interview, the agency failed to ensure the Home Health Aide (HHA) plan of care was updated at least every 60 days in 1 of 2 records reviewed of patients receiving HHA services with the potential to affect all 2 patients receiving HHA services. (#5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Clinical record #5, start of care 10/24/13, contained a plan of care for the certification period of 10/24/13 to 12/22/13 and the certification period of 11/24/13 to 1/22/14. The record contained an Aide Care Plan with a Registered Nurse (RN) review date of 10/24/13. The aide plan of care failed to evidence a RN review date and / or signature for the 11/24/13 to 1/22/14 certification period.</li> <li>During an interview on 12/31/13 at 5:32 PM, Employee B, Administrator,</li> </ol>	N000550	N 550 Contact software company (Kaleida Systems) on 1/10/2014 in regards to glitch of certification dates being inaccurate after dates being entered correctly. Director of Nursing will beresponsible for auditing the plan of treatment dates for accuracy prior to faxing to the physician for signature. Home Health Aides will be educated and responsible for turning in weekly schedule prior to following week's visits. Will report to case manager and/or Director of Nursing weekly to make sure no changes in patient status, ie: hospitalization, order or frequency changes. Skilled Nursing will be educated to review and sign the Home Health Aide Care Plan atstart of care, recertification, resumption of care, and patient status changes.For 3 months the Director of Nursing will responsible for auditing 10% of all patient charts monthly until 100% compliance is met then audits will be changed to quarterly. The Director of Nursing will be responsible for the education and compliance to ensure that this	01/13/2014			

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NAME OF PROVIDER OR SUPPLIER  COMFORT KEEPERS	STREET ADDRESS, CITY, STATE, ZIP CODE 5214 S EAST STREET, SUITE D1 INDIANAPOLIS, IN 46227
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(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
	acknowledged that the Aide Care Plan would need to be signed or initialed and updated by the RN every 60 days.		deficiency is corrected and will not recur.	