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 07/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERENCE HEALTH SERVICES INC	7550 HOHMAN AVE SUITE 400 MUNSTER, IN 46321

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G000000	This was a Federal home health initial medicaid certification survey. Survey Dates: July 15-17, 2014 Facility #: 013400 Surveyor: Nina Koch, RN, PHNS Census: 10 Quality Review: Joyce Elder, MSN, BSN, RN July 24, 2014	G000000		
G000134	484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations. Based on personnel record review and interview, the administrator failed to employ a qualified alternate director of nursing with a minimum of two years of nursing experience and one year of supervisory experience creating the potential to affect all of the agency's 10 current patients. Findings:	G000134	G0134- On 7/18/2014 the Administrator of Preference Health Services Inc. interviewed Sheila Anderson RN for Alternate Administrator and Alternate Director of Nursing. a) 7/21/14- Administrator verified Sheila Anderson RN job references, credentials, and conducted criminal background check. b) 7/24/2014- Resume, background check, and all other pertinent information were sent to Bobbie Nelson, Acute	07/30/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	1. A review of the personnel file for employee B, the agency's alternate director of nursing, included a resume which stated the employee was previously employed as a case manager / nursing supervisor from 9/2010 to 2/2013. 2. The ISDH Acute Care Program Coordinator provided evidence of a phone interview with the human resources consultant for the employee's previous employer. The previous employer indicated the employee was a supervisor only from 9/2013 through 1/2014. 3. The employee record failed to evidence the administrator had ensured employee B had additional supervisory experience to meet the required minimum time of one year.		Care Program Director of Acute Care ISDH for approval. c) 7/29/2014- Via phone communication, Bobbie Nelson informed the Administrator that Sheila Anderson RN has met the criteria for positions of Alternate Administrator/ Alternate Director of Nursing. d) 7/30/2014 Sheila Anderson RN accepted the positions of Alternate Administrator and Alternate Director of Nursing. In the future all candidates will be required to have job reference verified via phone interview, email confirmation and/or mail documentation from prior employees. Candidates information will then be submitted to Program Director of Acute Care ISDH for verification before offering of positions at Preference Health Services Inc. The Administrator will be responsible to assure that all candidates will meet the criteria for Alternate Administrator and/or Alternate Director of Nursing set forth by ISDH so that this deficiency will not recur.	
G000158	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 home health agency failed to ensure visits were	G000158	G0158- Director of Nursing provided in-service on policy, Assignment And Duties Of The	07/18/2014

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	made as ordered on the plan of care for 2 of 10 clinical records reviewed (#1 and 3) with the potential to affect all of the agency's 10 active patients. Findings: 1. Clinical record number 1 included a plan of care established by the patient's physician for the certification period 5/16/2014 through 7/14/2014 with orders for home health aide visits two times weekly for eight weeks. The clinical record evidenced only was visit was made by the home health aide for the week of June 15 through June 21, 2014. The record evidenced three weekly visits were made during the weeks of May 18 through May 24, 2014; June 1 through June 7, 2014; and June 22 through June 28, 2014, but failed to evidence a physician order for additional home health aide visits. 2. Clinical record number 3 included a plan of care established by the patient's physician for the certification period 1/23/2014 through 3/23/2014 with orders for home health aide visits two times weekly for eight weeks. A. The clinical record failed to evidence home health aide visits were		Home Health Aide, with the RN/Case Managers, LPN, and HHAs'/CNAs'. Employees where required to sign acknowledgment of receipt and understanding of policies. RN/Case Managers instructed on the following: a) HHA/ CNAs' POC must be developed at time of Admission to Agency, new physician order, and or change in patient condition. b) All physician orders received must include a frequency for all scheduled disciplines. c) If the need for a change in frequency arises, a physician order must be obtained and changes documented and communicated to the HHA/CNA and all involved disciplines. d) Supervisory visits performed per policy. e) Review the POC before sending to Physician to assure all pertinent information is accurate and present. HHA/CNA instructed on the following: a) Following the POC developed by RN/Case manager. b) Following the visit frequency of the POC. c) Agency visit week begins Sunday and ends Saturday. d) To notify Case Manager/DON/ADON if unable to make visit, so arrangements can be made to send another HHA/CNA when applicable Director of Nursing will be responsible for educating all future RN/Case Managers, LPN, and HHA/CNAs' on company policies regarding Assignment and Duties of HHA/CNA's. This	

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	made for the weeks of 1/26 through 2/1/2014 and 2/2 through 2/8/2014. B. In an interview on July 17 at 2:30 PM, employee A, the agency's administrator, indicated no home health aide visits occurred during the weeks beginning 1/26/2014 and 2/2/2014 3. An agency policy dated September 2, 2013, titled "Assignment and Duties of the Home Health Aide Policy" states, "The home health aide provides services that are ordered by the physician in the plan of care."		education process has been added to the initial orientation process/ Clinical Check List. Signed acknowledgement of receipt on Orientation check list will be provided to the employee and added to employee file. Director of Nursing will be responsible for auditing 100% of cases for the next 2 months and 10% of the case quarterly there after to insure that frequencies are followed and deficiency does not recur.	
G000159	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	G000159	G0159- Director of Nursing	07/18/2014

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	policy review and interview, the home health agency failed to ensure the plan of care included frequency of visits for 1 (#2) of 10 clinical records review with the potential to affect all of the agency's 10 active patients. Findings: 1. Clinical record number 2 evidenced a plan of care established by the patients physician for the certification period 6/11/2014 through 8/9/2014. The plan of care failed to evidence the frequency of visits to be made by the skilled nurse. 2. In an interview on 7/17/2014 at 2:30 PM, employee A, the agency's administrator, agreed the plan of care should include visit frequency for the skilled nurse. 3. An agency policy dated, 9/2/2013 titled (Plan of Care Policy) states " The plan of care developed in consultation with the agency staff covers...frequency of visits."		provided in-service on policy, Plan of Care Policy, with the RN/Case Managers and LPN. Employees where required to sign acknowledgment of receipt and understanding of policies. RN/Case Managers instructed on the following: a) All physician orders/ POC's must include a visit frequency for all disciplines. b) If the need for a change in frequency arises, a physician order is to be obtained and changes documented and communicated with Director of Nursing and all involved disciplines. Director of Nursing will be responsible for educating all future RN/Case Managers, LPN, on company policies regarding Plan Of Care Policy. This education process has been added to the initial orientation process/ Clinical Check List. Signed acknowledgement of receipt on Orientation check list will be provided to the employee and added to employee file. Director of Nursing will be responsible for auditing 100% of cases for the next 2 months and 10% of the cases quarterly there after to insure that frequencies are present on POC's and/or new physicians orders as needed and deficiency does not recur.	
G000224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the			

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	registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. Based on clinical record and agency policy review and interview, the agency failed to ensure that written care instructions for the home health aide were prepared by the registered nurse in 2 (#s 1 and 3) of 7 records reviewed for patients receiving aide services creating the potential to affect all of the agency's patients with aide services. Findings: 1. Clinical record number 1 included a plan of care established by the patient's physician for the certification period 5/16/2014 through 7/14/2014 with orders for the home health aide to visit twice weekly. The clinical record failed to evidence the registered nurse had prepared the home health aide plan of care. 2. Clinical record number 3 included a plan of care established by the patient's physician for the certification period 1/23/2014 through 3/23/2014 with orders for the home health aide to visit twice weekly. The clinical record failed to evidence the registered nurse had prepared the home health aide plan of care.	G000224	G0224- Director of Nursing provided in-service on policy, Assignment And Duties Of The Home Health Aide, with the RN/Case Managers, LPN, and HHAs'/CNAs'. Employees where required to sign acknowledgment of receipt and understanding of policies. RN/Case Managers instructed on the following: a) HHA/ CNAs' POC must be developed at time of Admission to Agency, new physician order, and or change in patient condition. b) All physician orders received must include a frequency for all scheduled disciplines. c) If the need for a change in frequency arises, a physician order must be obtained and changes documented and communicated to the HHA/CNA and all involved disciplines. d) Supervisory visits performed per policy. e) Review the POC before sending to Physician to assure all pertinent information is accurate and present. HHA/CNA instructed on the following: a) Following the POC developed by RN/Case manager. b) Following the visit frequency of the POC. c) Agency visit week begins Sunday and ends Saturday. d) To notify Case Manager/DON/ADON if unable to make visit, so arrangements can be made to	07/18/2014

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	3. In an interview on July 17, 2014 at 2:30 PM, employee A, the agency's administrator, was unable to provide evidence the registered nurse had prepared a home health aide plan of care for patients 1 and 3. 4. An agency policy dated 9/2/2013 titled "Assignment and Duties of the Home Health Aide Policy" states, " 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."		send another HHA/CNA when applicable Director of Nursing will be responsible for educating all future RN/Case Managers, LPN, and HHA/CNAs' on company policies regarding Assignment and Duties of HHA/CNA's. This education process has been added to the initial orientation process/ Clinical Check List. Signed acknowledgement of receipt on Orientation check list will be provided to the employee and added to employee file. Director of Nursing will be responsible for auditing 100% of cases for the next 2 months and 10% of the case quarterly there after to insure that frequencies are followed and deficiency does not recur.	
N000000	This was an initial home health state licensure survey. Survey Dates: July 15-17, 2014 Facility #: 013400 Surveyor: Nina Koch, RN, PHNS	N000000		

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	Census: 10 Quality Review: Joyce Elder, MSN, BSN, RN July 24, 2014			
N000446	410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3) Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. Based on personnel record review and interview, the administrator failed to employ a qualified alternate director of nursing with a minimum of two years of nursing experience and one year of supervisory experience creating the potential to affect all of the agency's 10 current patients. Findings: 1. A review of the personnel file for employee B, the agency's alternate director of nursing, included a resume which stated the employee was previously employed as a case manager / nursing supervisor from 9/2010 to 2/2013.	N000446	N0446 - On 7/18/2014 the Administrator of Preference Health Services Inc. interviewed Sheila Anderson RN for Alternate Administrator and Alternate Director of Nursing. a) 7/21/14- Administrator verified Sheila Anderson RN job references, credentials, and conducted criminal background check. b) 7/24/2014- Resume, background check, and all other pertinent information were sent to Bobbie Nelson, Acute Care Program Director of Acute Care ISDH for approval. c) 7/29/2014- Via phone communication, Bobbie Nelson informed the Administrator that Sheila Anderson RN has met the criteria for positions of Alternate Administrator/ Alternate Director of Nursing. d) 7/30/2014 Sheila	07/30/2014

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	2. The ISDH Acute Care Program Coordinator provided evidence of a phone interview with the human resources consultant for the employee's previous employer. The previous employer indicated the employee was a supervisor only from 9/2013 through 1/2014. 3. The employee record failed to evidence the administrator had ensured employee B had additional supervisory experience to meet the required minimum time of one year.		Anderson RN accepted the positions of Alternate Administrator and Alternate Director of Nursing. In the future all candidates will be required to have job reference verified via phone interview, email confirmation and/or mail documentation from prior employees. Candidates information will then be submitted to Program Director of Acute Care ISDH for verification before offering of positions at Preference Health Services Inc. The Administrator will be responsible to assure that all candidates will meet the criteria for Alternate Administrator and/or Alternate Director of Nursing set forth by ISDH so that this deficiency will not recur.	
N000522	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 home health agency failed to ensure visits were made as ordered on the plan of care for 2 of 10 clinical records reviewed (#1 and 3) with the potential to affect all of the agency's 10 active patients.	N000522	N-0522 Director of Nursing provided in-service on policy, Assignment And Duties Of The Home Health Aide, with the RN/Case Managers, LPN, and HHAs'/CNAs'. Employees where required to sign acknowledgment of receipt and understanding of policies. RN/Case Managers	07/18/2014

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	Findings: 1. Clinical record number 1 included a plan of care established by the patient's physician for the certification period 5/16/2014 through 7/14/2014 with orders for home health aide visits two times weekly for eight weeks. The clinical record evidenced only was visit was made by the home health aide for the week of June 15 through June 21, 2014. The record evidenced three weekly visits were made during the weeks of May 18 through May 24, 2014; June 1 through June 7, 2014; and June 22 through June 28, 2014, but failed to evidence a physician order for additional home health aide visits. 2. Clinical record number 3 included a plan of care established by the patient's physician for the certification period 1/23/2014 through 3/23/2014 with orders for home health aide visits two times weekly for eight weeks. A. The clinical record failed to evidence home health aide visits were made for the weeks of 1/26 through 2/1/2014 and 2/2 through 2/8/2014. B. In an interview on July 17 at 2:30		instructed on the following: a) HHA/ CNAs' POC must be developed at time of Admission to Agency, new physician order, and or change in patient condition. b) All physician orders received must include a frequency for all scheduled disciplines. c) If the need for a change in frequency arises, a physician order must be obtained and changes documented and communicated to the HHA/CNA and all involved disciplines. d) Supervisory visits performed per policy. e) Review the POC before sending to Physician to assure all pertinent information is accurate and present. HHA/CNA instructed on the following: a) Following the POC developed by RN/Case manager. b) Following the visit frequency of the POC. c) Agency visit week begins Sunday and ends Saturday. d) To notify Case Manager/DON/ADON if unable to make visit, so arrangements can be made to send another HHA/CNA when applicableDirector of Nursing will be responsible for educating all future RN/Case Managers, LPN, and HHA/CNAs' on company policies regarding Assignment and Duties of HHA/CNA's. This education process has been added to the initial orientation process/ Clinical Check List. Signed acknowledgement of receipt on Orientation check list will be provided to the employee and added to employee	

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	PM, employee A, the agency's administrator, indicated no home health aide visits occurred during the weeks beginning 1/26/2014 and 2/2/2014 3. An agency policy dated September 2, 2013, titled "Assignment and Duties of the Home Health Aide Policy" states, "The home health aide provides services that are ordered by the physician in the plan of care."		file. Director of Nursing will be responsible for auditing 100% of cases for the next 2 months and 10% of the case quarterly there after to insure that frequencies are followed and deficiency does not recur.	
N000524	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (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.			

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	Based on clinical record and agency policy review and interview, the home health agency failed to ensure the plan of care included frequency of visits for 1 (#2) of 10 clinical records review with the potential to affect all of the agency's 10 active patients. Findings: 1. Clinical record number 2 evidenced a plan of care established by the patients physician for the certification period 6/11/2014 through 8/9/2014. The plan of care failed to evidence the frequency of visits to be made by the skilled nurse. 2. In an interview on 7/17/2014 at 2:30 PM, employee A, the agency's administrator, agreed the plan of care should include visit frequency for the skilled nurse. 3. An agency policy dated, 9/2/2013 titled (Plan of Care Policy) states " The plan of care developed in consultation with the agency staff covers...frequency of visits."	N000524	G0524- Director of Nursing provided in-service on policy, Plan of Care Policy, with the RN/Case Managers and LPN. Employees where required to sign acknowledgment of receipt and understanding of policies. RN/Case Managers instructed on the following: a) All physician orders/ POC's must include a visit frequency for all disciplines. b) If the need for a change in frequency arises, a physician order is to be obtained and changes documented and communicated with Director of Nursing and all involved disciplines. Director of Nursing will be responsible for educating all future RN/Case Managers, LPN, on company policies regarding Plan Of Care Policy. This education process has been added to the initial orientation process/ Clinical Check List. Signed acknowledgement of receipt on Orientation check list will be provided to the employee and added to employee file. Director of Nursing will be responsible for auditing 100% of cases for the next 2 months and 10% of the cases quarterly there after to insure that frequencies are present on POC's and/or new physicians orders as needed and deficiency does not recur.	07/18/2014
N000550	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			

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	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. Based on clinical record and agency policy review and interview, the agency failed to ensure that written care instructions for the home health aide were prepared by the registered nurse in 2 (#s 1 and 3) of 7 records reviewed for patients receiving aide services creating the potential to affect all of the agency's patients with aide services. Findings: 1. Clinical record number 1 included a plan of care established by the patient's physician for the certification period 5/16/2014 through 7/14/2014 with orders for the home health aide to visit twice weekly. The clinical record failed to evidence the registered nurse had prepared the home health aide plan of care. 2. Clinical record number 3 included a plan of care established by the patient's physician for the certification period 1/23/2014 through 3/23/2014 with orders for the home health aide to visit twice weekly. The clinical record failed to evidence the registered nurse had	N000550	N-0550 Director of Nursing provided in-service on policy, Assignment And Duties Of The Home Health Aide, with the RN/Case Managers, LPN, and HHAs'/CNAs'. Employees where required to sign acknowledgment of receipt and understanding of policies. RN/Case Managers instructed on the following: a) HHA/ CNAs' POC must be developed at time of Admission to Agency, new physician order, and or change in patient condition. b) All physician orders received must include a frequency for all scheduled disciplines. c) If the need for a change in frequency arises, a physician order must be obtained and changes documented and communicated to the HHA/CNA and all involved disciplines. d) Supervisory visits performed per policy. e) Review the POC before sending to Physician to assure all pertinent information is accurate and present. HHA/CNA instructed on the following: a) Following the POC developed by RN/Case manager. b) Following the visit frequency of the POC. c) Agency visit week begins Sunday and ends Saturday. d) To notify Case Manager/DON/ADON if unable to make visit, so arrangements can	07/18/2014

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 07/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	prepared the home health aide plan of care. 3. In an interview on July 17, 2014 at 2:30 PM, employee A, the agency's administrator, was unable to provide evidence the registered nurse had prepared a home health aide plan of care for patients 1 and 3. 4. An agency policy dated 9/2/2013 titled "Assignment and Duties of the Home Health Aide Policy" states, " 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."		be made to send another HHA/CNA when applicableDirector of Nursing will be responsible for educating all future RN/Case Managers, LPN, and HHA/CNAs' on company policies regarding Assignment and Duties of HHA/CNA's. This education process has been added to the initial orientation process/ Clinical Check List. Signed acknowledgement of receipt on Orientation check list will be provided to the employee and added to employee file. Director of Nursing will be responsible for auditing 100% of cases for the next 2 months and 10% of the case quarterly there after to insure that frequencies are followed and deficiency does not recur.	