

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157617	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/17/2013
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NAME OF PROVIDER OR SUPPLIER  AXIS HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 DEPAUW BLVD STE 1074 INDIANAPOLIS, IN 46268
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G000000	<p>This visit was a Home Health federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: April 15-17, 2013 Partial Extended Survey Dates: April 17, 2013</p> <p>Facility Number: 012155 Provider Number: 157617</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader Kelly Ennis, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 129 Home Health Aide Only: 0 Personal Care Only: 0 Total: 129</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN,</p>	G000000		
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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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	RN  April 19, 2013			

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G000127	<p><b>484.14(a)</b> <b>SERVICES FURNISHED</b> Part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech or occupational therapy; medical social services; or home health aide services) are made available on a visiting basis, in a place of residence used as a patient's home. An HHA must provide at least one of the qualifying services directly through agency employees, but may provide the second qualifying service and additional services under arrangements with another agency or organization.</p> <p>Based on policy review, contract review, interview, observation, personnel roster review, and personnel file review, the home health agency failed to ensure at least one qualifying service was provided directly through agency employees for 1 of 1 home health agency reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The policy titled "Scope of Services" policy # 1-B-020 revised 5/11 states, "At least one (1) qualifying service will be provided (nursing, physical therapy, occupational therapy, speech therapy, medical social services, or home health aide services) directly by organization employees."</li> <li>A contract titled "Staffing</li> </ol>	G000127	<b>G 127</b> Proof that one qualifying service is provided directly through this agency will be contained within the personnel file(s) of the direct employee(s) by 5/10/13. The administrator will review/verify that the personnel files reflect evidence of direct employment status. The DON will re-evaluate personnel files with any employment status change, for verification of proof of direct employee status.	05/10/2013			

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	<p>Agreement Between Axis Home Health Care, LLC and Angels of Mercy Home Health Care, LLC August 3, 2012" states, "2.1 Supplemental Staffing by AOM [Angels of Mercy]. Upon request of Agency, AOM shall be responsible for attempting to provide Agency with the types of personnel identified in Exhibit A, which is attached to this Agreement and by this reference made a part hereof, to provide or assist with home care services on a temporary basis."</p> <p>Review of "Exhibit A - Schedule of Personnel to be Provided and Visit Rates" included the following disciplines: Physical Therapist (PT) , Physical Therapist Assistant (PTA), Occupation Therapist (OT), Certified Occupation Therapist Assistant (COTA), Speech Therapist (ST), Medical Social Worker (MSW), Registered Nurse (RN), and Licensed Practical Nurse (LPN).</p> <p>3. During the entrance conference on 4/15/13 at 11:21 AM, employee C, Administrator, indicated the disciplines provided by the agency included RN, LPN, and PT.</p> <p>4. During a home visit on 4/17/13 at 9:30 AM, the surveyor was to meet</p>			

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	<p>employee A, RN, for a home visit for patient #9. Upon arrival to patient #9's home, the surveyor noted a car in the patient's driveway with "Angels of Mercy" on the side. Upon approaching the car, employee A, RN, exited the car and introduced herself. The name tag with employee A's name also stated "Angels of Mercy."</p> <p>5. Review of personnel roster completed by the home health agency indicated employee A, RN, was hired on 7/18/11.</p> <p>6. Review of employee A's personnel file evidenced a job description signed by employee A on 7/18/11. The letterhead on the job description stated "Advanced Home Care Plus, Indiana HomeCare Network, and Angels of Mercy." No job description for "Axis Home Health Care" was found.</p> <p>A. A document titled "Employee Bio Form" was reviewed. In the upper left hand corner of the document, it states "Indiana HomeCare Network." The date of hire on the document states 7/18/11 and the section titled "Branch location" states "Greenwood." Axis Home Health Care has no branches and is located in Indianapolis,</p>			

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	<p>Indiana.</p> <p>B. The final page of the personnel file evidenced another letterhead for "American HomeCare Network." Below that it states, "Angels of Mercy Home Care Plus, 973 Emerson Parkway, Suite B, Greenwood, Indiana 46143." The document was signed by employee A, RN.</p> <p>7. During an interview on 4/17/13 at 5:30 PM, employee C, Administrator, indicated indicated she misspoke during the entrance and the agency's direct employees were RN's and LPN's, not PT. When asked if RN and LPN's received their W-2's from Axis, employee C indicated she was not sure. The surveyor then informed employee C that during the home visit on 4/17/13, employee A, RN, was observed driving an Angels of Mercy car and wearing an Angels of Mercy nametag. Employee C indicated that was because Axis does not provide cars to their employees so she must have been driving the Angels of Mercy car instead. The surveyor then inquired as to why Angels of Mercy would allow Axis employee's to use their car if the employee did not work for Angels of Mercy. The administrator then suggested to look at the contract between Angels of</p>			

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	<p>Mercy and Axis. She indicated that maybe the contract allowed the RN to use the car. The surveyor informed the Administrator that the contract was for contract employees only, and the RN was supposed to be a direct employee of Axis.</p> <p>The surveyor also asked employee C, Administrator, why employee A, RN, would have worn an Angels of Mercy nametag instead of an Axis nametag. Employee C indicated she was not sure. The surveyor then showed employee C the job description that was found in employee A's personnel file. The surveyor asked employee C why the letterhead was for Angels of Mercy rather than for Axis. Employee C indicated Employee A "transferred from Angels of Mercy to Axis." The surveyor pointed out the job description was signed on the same date that was listed on the Axis personnel roster hire date. Employee C then indicated she guessed she should have put employee A's transfer date, and not her hire date. The surveyor asked employee C how an employee could transfer from Angels of Mercy to Axis, when they are two separate agencies. Employee C indicated she would look into this and return.</p>				

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	At 6:15 PM, employee C returned and stated she was unable to get hold of anyone at corporate because they were already gone for the day and could, therefore, provide no proof that all of the RNs and LPNs were direct employees.			

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G000143	<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. Based on policy review, record review, and interview, the home health agency failed to ensure coordination of care occurred with the physician for 2 of 10 clinical records reviewed with the potential to affect all patients of the agency. (#5 and #7)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The policy titled "Coordination of Care" policy # 1-B-007 revised 5/10 states, "Significant physical or mental changes in the patient will be reported to the physician and the patient's authorized representative as appropriate."</li> <li>The policy titled "Medical Care Management" policy # 1-B-011 revised 5/10 states, "The organization will contact the patient's physician with information at admission and throughout the course of care, as needed, for medical direction ... The physician will be notified of any changes in the patient's condition that suggest a need to alter the Plan of Care."</li> </ol>	G000143	<p><b>G 143</b> The director of nursing will in-service staff regarding coordination of care, specifically reporting vital signs to the primary physician that fall outside of the established parameters on the plan of care. 5 charts or 10% of clinical records will be audited quarterly for evidence that all vital signs that fall outside the established parameters on the plan of care are reported to the attending physician. The director of nursing will be responsible for monitoring these audits/corrective actions to ensure that this deficiency is corrected and will not recur.</p>	05/03/2013

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	<p>3. The policy titled "Plan of Care" policy # 1-B-019 revised 5/10 states, "Professional staff will promptly alert the physician to any changes that suggest a need to alter the Plan of Care. The physician will be consulted to approve additions or modifications to the original Plan of Care."</p> <p>4. Clinical record #7, start of care 3/22/13, contained a home health certification and plan of care dated 3/22/13-5/20/13 with orders for licensed professionals to report vital signs falling outside the following established parameters and pain greater than 6. Review of the record evidenced the following:</p> <p>A. On 4/1/13, employee H, Occupational Therapist (OT), documented a pain rating of 8. The record failed to evidence the physician was notified of the increased pain.</p> <p>B. On 4/3/13, employee H, OT, documented a pain rating of 7. The record failed to evidence the physician was notified of the increased pain.</p> <p>5. Clinical record #5, start of care 2/20/13, contained a home health</p>				

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	<p>certification and plan of care dated 2/20/13 to 4/20/13 with orders for licensed professionals to report vital signs falling outside the following established parameters of diastolic blood pressure greater than 90. Review of the record evidenced the following:</p> <p>A. On 4/1/13, employee L, Physical Therapist (PT), documented a diastolic blood pressure of 110. The record failed to evidence the physician was notified of the elevated diastolic blood pressure reading.</p> <p>B. On 4/10/13, employee L, PT, documented a diastolic blood pressure of 96. The record failed to evidence the physician was notified of the elevated diastolic blood pressure reading.</p> <p>6. On 4/17/13 at 6:38 PM, employee C, Administrator, indicated that the physician was not notified of events.</p>			

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G000164	<p>484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care.</p> <p>Based on policy review, record review, and interview, the home health agency failed to ensure the physician was notified regarding changes in the patient's condition for 2 of 10 clinical records reviewed with the potential to affect all patients of the agency. (#5 and #7)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The policy titled "Coordination of Care" policy # 1-B-007 revised 5/10 states, "Significant physical or mental changes in the patient will be reported to the physician and the patient's authorized representative as appropriate."</li> <li>The policy titled "Medical Care Management" policy # 1-B-011 revised 5/10 states, "The organization will contact the patient's physician with information at admission and throughout the course of care, as needed, for medical direction ... The physician will be notified of any changes in the patient's condition that suggest a need to alter the Plan of Care."</li> </ol>	G000164	<p><b>G164</b> The director of nursing will in-service staff regarding coordination of care, specifically reporting vital signs to the primary physician that fall outside of the established parameters on the plan of care. 5 charts or 10% of clinical records will be audited quarterly for evidence that all vital signs that fall outside the established parameters on the plan of care are reported to the attending physician. The director of nursing will be responsible for monitoring these audits/corrective actions to ensure that this deficiency is corrected and will not recur.</p>	05/03/2013	

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	<p>3. The policy titled "Plan of Care" policy # 1-B-019 revised 5/10 states, "Professional staff will promptly alert the physician to any changes that suggest a need to alter the Plan of Care. The physician will be consulted to approve additions or modifications to the original Plan of Care."</p> <p>4. Clinical record #7, start of care 3/22/13, contained a home health certification and plan of care dated 3/22/13-5/20/13 with orders for licensed professionals to report vital signs falling outside the following established parameters and pain greater than 6. Review of the record evidenced the following:</p> <p>A. On 4/1/13, employee H, Occupational Therapist (OT), documented a pain rating of 8. The record failed to evidence the physician was notified of the increased pain.</p> <p>B. On 4/3/13, employee H, OT, documented a pain rating of 7. The record failed to evidence the physician was notified of the increased pain.</p> <p>5. Clinical record #5, start of care 2/20/13, contained a home health</p>				

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	<p>certification and plan of care dated 2/20/13 to 4/20/13 with orders for licensed professionals to report vital signs falling outside the following established parameters of diastolic blood pressure greater than 90. Review of the record evidenced the following:</p> <p>A. On 4/1/13, employee L, Physical Therapist (PT), documented a diastolic blood pressure of 110. The record failed to evidence the physician was notified of the elevated diastolic blood pressure reading.</p> <p>B. On 4/10/13, employee L, PT, documented a diastolic blood pressure of 96. The record failed to evidence the physician was notified of the elevated diastolic blood pressure reading.</p> <p>6. On 4/17/13 at 6:38 PM, employee C, Administrator, indicated that the physician was not notified of events.</p>			

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G000337	<p><b>484.55(c)</b> <b>DRUG REGIMEN REVIEW</b> 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 policy review, clinical record review, and interview, the agency failed to ensure the medication profile was updated and accurate when there were medication changes in 2 of 10 clinical records reviewed with the potential to affect all patients at this agency. (#2 and 7)</p> <p>Findings include:</p> <p>1. The policy titled "Assessment and Reassessment/OASIS Data" policy number 1-B-003 revised 05/11 states, "The assessment may include, but is not limited to: ... 11. Review of all medications that patient is currently taking in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects and drug interactions, duplicative drug therapy and noncompliance with drug therapy."</p>	G000337	<p><b>G 337</b> The director of nursing will in-service staff that 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 interactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and noncompliance with drug therapy.5 charts or 10% of the clinical records will be audited quarterly for evidence that a medication review is completed on each comprehensive assessment and when new medications are noted in the home. The director of nursing will be responsible for monitoring these audits/corrective actions to ensure that this deficiency is corrected and will not recur.</p>	05/03/2013			

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NAME OF PROVIDER OR SUPPLIER  AXIS HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 DEPAUW BLVD STE 1074 INDIANAPOLIS, IN 46268
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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
	<p>2. Clinical record #2, start of care 1/23/13, included a Home Health Certification and Plan of Care for the certification period from 3/24/13 to 5/22/13. Review of the clinical record evidenced the following:</p> <p>A. A Visit Note Report titled "PT [Physical Therapy] OASIS ADMISSION," signed and dated on 1/26/13 by employee L, PT, evidenced, "Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues, E.G. [example], drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?" The PT answered this question by marking "Not assessed/reviewed" on document. The document further evidenced, "Was a review of medications performed?" The PT marked "No."</p> <p>B. A Client Medication Report, signed and dated on 1/30/13 by employee K, RN, evidenced the initial medication entry for the patient.</p> <p>C. On 4/17/13 at 6:15 PM, employee C, Administrator, indicated the medication profile was entered late.</p>			

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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
	<p>3. Clinical record #7, start of care 3/22/13, contained a home health certification and plan of care dated 3/22/13-5/20/13. Review of the record evidenced the following:</p> <p>A. On 4/1/13, employee H, Occupational Therapist (OT), documented the following the section titled "Any new/changed medication since last visit: Increased Oxy. [Oxycodone] Prescription."</p> <p>B. Review of the Medication Profile failed to evidence the order change for the increased Oxycodone prescription was documented. The last review date was completed on 3/25/13.</p> <p>C. On 4/17/13 at 6:38 PM, 3:00 PM, employee C, Administrator, indicated the medication profile was not updated when the medication change occurred.</p>			