

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 03/02/2012	
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334			
(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			
G0000	<p>This was an initial Home Health Medicaid certification survey.</p> <p>Survey Dates: 2/29/12 to 3/2/12.</p> <p>Facility Number: 012685</p> <p>Surveyor: Miriam Bennett, RN, BSN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 6 Home Health Aide Only: 3 Personal Care Only: 0 Total: 9</p> <p>Sample: RR w/HV: 4 RR w/o HV: 7 Total: 11</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 5, 2012</p>	G0000					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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 03/02/2012	
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334			
(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			
G0121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on observation, procedure review, and interview, the home health aide, employee A, failed to follow agency policy for providing perineal care for 1 of 1 home visit observation of a patient receiving a bath from the home health aide with the potential to affect all the patients the aide provides care to.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 3/1/12 at 9:45 am during home visit, the home health aide (employee A) was observed providing a partial bath to patient #2. The home health aide did not use a separate wash cloth for patient to wash and rinse perineal area after upper body was washed. 2. Agency bathing procedure titled "Procedure 34: Perineal Care" states, "Change water in basin. With a clean washcloth, rinse area thoroughly in the same direction as when washing." 3. On 3/1/12 at 10:30 am, employee F indicated the home health aides are instructed to obtain a clean washcloth for 	G0121	<p>G 0121 The administrator has inserviced all home health aides and nursing staff on 03/06/2012 that while providing a partial bath or any other form of bathing, the staff will ensure that a clean, seperate wash cloth is to be used for the patient to wash and rinse the perineal area after all other part of the body has been washed. The bathing procedure for the perineal care states: Fill wash basin with warm water and have patient check water temperature. Put on gloves. Wet and soap washcloth. Wipe from front to back and from center of perineum to thighs. (for females) Seperate labia, wash urehtral area first. Wash between and outside labia in downward strokes, using different part of washcloth for each stroke. (for males) Pull back foreskin if male is uncircumsized. Wash the tip of penis using circular motion beginning at urehtra. Continue washing down the penis to the scrotum and inner thighs. Change water in basin. With a clean washcloth, rinse area thoroughly in the same direction as when washing. Gently pat area dry in same direction as when washing. Return the foreskin back over tip</p>	03/15/2012			

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 03/02/2012
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334		
(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	
	providing perineal care with all forms of bathing.		of penis of uncircumsized male. The home health aides and nursing staff will follow this procedure for all bathing and perineal care. The administrator will observe each home health aide completing a partial bath and perineal care to ensure proper procedure is being followed. All home health aides will be observed by the administrator by 03/15/2012. The home health aides and nursing staff will receive repeated inservice on bathing and perineal care every month x 3 months and then yearly as part of the continued education inservices. The administrator will be responsible for the inservices and observation of the home health aides on proper procedure for partial bath and perineal care to ensure that this deficiency is corrected and will not recur.		

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 03/02/2012	
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334			
(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
G0158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on policy review, clinical record review, and interview, the home health agency failed to ensure skilled nursing and home health aide visits were made as ordered on the plan of care in 1 of 11 records reviewed (#8).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record #8, start of care 12/21/11, included a Home Health Certification and Plan of Care for the Certification period from 12/21/11 thru 2/18/12 with orders that state, "SN: 1x week x 9 weeks [skilled nurse 1 time a week for 9 weeks]" and "HHA: 1 hour, 1-2x week x 9 weeks [home health aide 1 hour, 1-2 times a week for 9 weeks]." The record failed to evidence any SN or HHA visits the week of 2/21/12 when the certification period began. The record also failed to evidence the physician was notified of the missed visit for the week of 2/21/12. On 3/1/12 at 1:15 PM, employee F indicated the visits were not made because the recertification visit was two 			G0158	<p>G 0158 The administrator had an inservice with all nursing staff on 03/05/2012 that all visits are to be followed by the orders on the plan of care signed by the physician (485). Policy #C-110 "Standards of Practice", patient care will be provided under the plan of care established by a physician. The policy for missed visits #C-680 "Clinical Documentation". If a missed visit occurs, a missed visit report will be completed. The reason for missed visit will be documented and reported to the physician. The nursing staff will follow the policies that are in place. The administrator will ensure that scheduling skilled nurse visits and home health aide visits occur within the certification period. A calendar schedule of skilled nurse visits and home health aide visits will be followed to include cert periods along with work week to avoid any missed visits. The agency work week starts on Monday. (If a SN visit/Recert was done on Monday, cert period ends on Tuesday, the administrator will ensure that a SN visit is scheduled on Wednesday, Thursday, Friday, Saturday or Sunday of that week,</p>		03/05/2012

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 03/02/2012	
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334			
(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>days prior so thought that would count for the SN visit for the week. Employee F was also providing the HHA care so it would have been done with the SN visit on the missed visit date.</p> <p>3. Agency policy titled "Clinical Documentation" #C-680 states, "Services not provided and the reason for the missed visits will be documented and reported to the physician."</p>		<p>for the new cert period.)10% of all clinical records will be audited quarterly for evidence that all visits are being followed on the plan of care signed by the physician, or that a missed visit report was completed, reason for missed visit and physician notified per policy. The administrator will be responsible for the inservices of nursing staff, the scheduling of visits ordered by the physician, chart audits and for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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 03/02/2012	
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334			
(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			
N0522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on policy review, clinical record review, and interview, the home health agency failed to ensure skilled nursing and home health aide visits were made as ordered on the plan of care in 1 of 11 records reviewed (#8).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record #8, start of care 12/21/11, included a Home Health Certification and Plan of Care for the Certification period from 12/21/11 thru 2/18/12 with orders that state, "SN: 1x week x 9 weeks [skilled nurse 1 time a week for 9 weeks]" and "HHA: 1 hour, 1-2x week x 9 weeks [home health aide 1 hour, 1-2 times a week for 9 weeks]." The record failed to evidence any SN or HHA visits the week of 2/21/12 when the certification period began. The record also failed to evidence the physician was notified of the missed visit for the week of 2/21/12. On 3/1/12 at 1:15 PM, employee F indicated the visits were not made because the recertification visit was two 	N0522	<p>N 0522 The administrator had an inservice for all nursing staff on 03/05/2012 that all visits are to be followed by the orders on the plan of care signed by the physician (485), policy #C-110 "Standards of Practice" Patient care will be provided under the plan of care established by a physician. Policy for missed visits #C-680 "Clinical Documentation" If a missed visit occurs, a missed visit report will be completed. The reason for missed visit will be documented and reported to the physician. The nursing staff will follow the policies that are in place. The administrator will ensure that scheduling skilled nurse visits and home health aide visits occur within the certification period. A calendar schedule of skilled nurse and home health aide visits will be followed to include cert periods along with work week to avoid any missed visits. The agency work week starts on Monday. (If a SN visit/Recert was done on Monday, cert period ends on Tuesday, the administrator will ensure that a SN visit is scheduled on Wednesday, Thursday, Friday, Saturday or Sunday of that week, for the new cert period.)10% of all</p>	03/05/2012			

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 03/02/2012	
NAME OF PROVIDER OR SUPPLIER LIFESTYLES HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14425 W HAZEL ST DALEVILLE, IN 47334			
(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>days prior so thought that would count for the SN visit for the week. Employee F was also providing the HHA care so it would have been done with the SN visit on the missed visit date.</p> <p>3. Agency policy titled "Clinical Documentation" #C-680 states, "Services not provided and the reason for the missed visits will be documented and reported to the physician."</p>		<p>clinical records will be audited quarterly for evidence that all visit orders are being followed on the plan of care signed by the physician or that a missed visit report was completed, reason for missed visit and physician notified per policy. The administrator will be responsible for the inservices of nursing staff, the scheduling of visits order, chart audits and for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				