

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/28/2012
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NAME OF PROVIDER OR SUPPLIER JASPER COUNTY HOSPITAL HOME HEALTH CARE & HOSPIC	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 E GRACE ST RENSSELAER, IN 47978
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G0000	<p>This was a federal home health re-certification survey. This was a partial extended survey.</p> <p>Survey Dates: 11/26/12 - 11/28/12</p> <p>Facility #: 5325</p> <p>Medicaid #: 100264280</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Skilled unduplicated census: 293 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 29, 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.

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G0159	<p>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.</p> <p>Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care included all the patient's equipment in 2 of 5 home visit observations with the potential to affect all the agency's patients. (# 5 and #7)</p> <p>Findings</p> <p>1. Clinical record #5, start of care 4/10/12, included a plan of care for the certification period of 10/07/12 to 12/05/12 that failed to evidence patient equipment and supplies.</p> <p>A. During a home visit on 11/27/12 at 10:45 AM, it was observed that patient #5 had a walker (rollator), hospital bed, raised toilet seat, and a shower chair.</p> <p>B. A document titled "Jasper County</p>	G0159	<p>An in-service was given by the Director of Home Health Care to the nurses of the agency on November 28, 2012 regarding the policy "Plan of Treatment". Some of the therapists were in-serviced on December 5 and there is another meeting scheduled for December 19. The staff was instructed to assess for any equipment in the home and make sure that all equipment be listed on the plan of treatment that is sent to the physician. All current Plan of Treatment will be updated at the time of recertification. All new Plan of Treatment will be corrected within 30 days of survey.</p> <p>Beginning December 1, 2012, the agency is moving to a new electronic documentation program. Each OASIS assessment contains a section "assess equipment". Staff have been instructed to identify and document all equipment in the home. When this section is</p>	12/28/2012	

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	<p>Hospital Home Health Aide Assignment Sheet" with an update/revised date of 10/3/12 included "Activities: A (assist) - S (Self) Walker".</p> <p>C. On 11/28/12 at 2:10 PM, the administrator (employee A) indicated the walker (rollator), hospital bed, raised toilet seat, and shower chair were not on the plan of care.</p> <p>2. Clinical record #7, start of care 10/14/12, included a plan of care for the certification period of 10/14/12 to 12/14/12 that failed to evidence patient equipment and supplies.</p> <p>A. During a home visit on 11/26/12 at 2 PM, it was observed that patient #7 had a cane. Patient stated, during the home visit, that he/she had a shower chair also.</p> <p>B. On 11/28/12 at 2:10 PM, the administrator (employee A) indicated the cane and shower chair were not on the plan of care.</p> <p>3. The agency policy titled "Jasper County Hospital Home Health Care and Hospice Title: Plan of Treatment" with an effective date of 02-18-85 and revised dates of 10-85; 11-95; 11-00 states, "4. All plan of treatments's must include: (a)</p>		<p>completed it will automatically go to the Plan of Treatment. The system also has a task of confirming the Plan of Treatment. All Plan of Treatment will be reviewed and confirmed by another staff member. This process consists of reviewing pertinent documentation that relates to the plan of treatment to assure all information on the Plan of Treatment is correct.</p> <p>For the next four months, 25 % of all admissions and recertifications will be randomly audited. This audit will be performed to assure the proper information is present on the Plan of Treatment. If at the end of four months problems are identified the audit will continue another two months or until there are no further problems. If problems are identified pertinent policies and documentation procedures will then be reviewed with the nurses and therapists.</p> <p>The Director of Home Health Care and Hospice will be responsible to assure that the proper equipment is listed on the Plan of Treatment and the monitoring is completed.</p>		

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N0000	<p>Pertinent diagnosis (b) Prognosis (c) Medications and treatments-mode of administration (d) Equipment and supplies (e) Types of services (f) Frequency of visits (g) Mental status (h) Rehabilitation potential (i) Functional limitations (j) Activities permitted (k) Nutritional needs (l) Safety measures to protect against injury (m) Discharge planning".</p> <p>This visit was for a state home health agency re-licensure survey.</p> <p>Survey Dates: 11/26/12 - 11/28/12</p> <p>Facility #: 5325</p> <p>Medicaid #: 100264280</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Skilled unduplicated census: 293 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>November 29, 2012</p>	N0000		

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N0524	<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"> (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: <ul style="list-style-type: none"> (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. <p>Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care included all the patient's equipment in 2 of 5 home visit observations with the potential to affect all the agency's patients. (# 5 and #7)</p> <p>Findings</p> <p>1. Clinical record #5, start of care</p>	N0524	An in-service was given by the Director of Home Health Care to the nurses of the agency on November 28, 2012 regarding the policy "Plan of Treatment". Some of the therapists were in-serviced on December 5 and there is another meeting scheduled for December 19. The staff was instructed to assess for any equipment in the home and make sure that all equipment be listed on the plan of treatment that is sent to the physician. All current Plan of Treatment will be updated	12/28/2012
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	<p>4/10/12, included a plan of care for the certification period of 10/07/12 to 12/05/12 that failed to evidence patient equipment and supplies.</p> <p>A. During a home visit on 11/27/12 at 10:45 AM, it was observed that patient #5 had a walker (rollator), hospital bed, raised toilet seat, and a shower chair.</p> <p>B. A document titled "Jasper County Hospital Home Health Aide Assignment Sheet" with an update/revised date of 10/3/12 included "Activities: A (assist) - S (Self) Walker".</p> <p>C. On 11/28/12 at 2:10 PM, the administrator (employee A) indicated the walker (rollator), hospital bed, raised toilet seat, and shower chair were not on the plan of care.</p> <p>2. Clinical record #7, start of care 10/14/12, included a plan of care for the certification period of 10/14/12 to 12/14/12 that failed to evidence patient equipment and supplies.</p> <p>A. During a home visit on 11/26/12 at 2 PM, it was observed that patient #7 had a cane. Patient stated, during the home visit, that he/she had a shower chair also.</p>		<p>at the time of recertification. All new Plan of Treatment will be corrected within 30 days of survey.</p> <p>Beginning December 1, 2012, the agency is moving to a new electronic documentation program. Each OASIS assessment contains a section "assess equipment". Staff have been instructed to identify and document all equipment in the home. When this section is completed it will automatically go to the Plan of Treatment. The system also has a task of confirming the Plan of Treatment. All Plan of Treatment will be reviewed and confirmed by another staff member. This process consists of reviewing pertinent documentation that relates to the plan of treatment to assure all information on the Plan of Treatment is correct.</p> <p>For the next four months, 25 % of all admissions and recertifications will be randomly audited. This audit will be performed to assure the proper information is present on the Plan of Treatment. If at the end of four months problems are identified the audit will continue another two months or until there are no further problems. If problems are identified pertinent policies and documentation procedures will then be reviewed with the nurses and therapists.</p>				

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	<p>B. On 11/28/12 at 2:10 PM, the administrator (employee A) indicated the cane and shower chair were not on the plan of care.</p> <p>3. The agency policy titled "Jasper County Hospital Home Health Care and Hospice Title: Plan of Treatment" with an effective date of 02-18-85 and revised dates of 10-85; 11-95; 11-00 states, "4. All plan of treatments's must include: (a) Pertinent diagnosis (b) Prognosis (c) Medications and treatments-mode of administration (d) Equipment and supplies (e) Types of services (f) Frequency of visits (g) Mental status (h) Rehabilitation potential (i) Functional limitations (j) Activities permitted (k) Nutritional needs (l) Safety measures to protect against injury (m) Discharge planning".</p>		The Director of Home Health Care and Hospice will be responsible to assure that the proper equipment is listed on the Plan of Treatment and the monitoring is completed.		