STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	157442	A. BUILDING 00 B. WING	12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOME HEALTH CARE	2700 S LAFAYETTE ST STE 210 FORT WAYNE, IN 46806

(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	This was a home health agency Federal complaint investigation survey. Complaint #: IN00120693 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited. Survey date: December 18 - 19, 2012. Facility #: 008749 Medicaid vendor #: 200065690 Surveyor: Miriam Bennett, RN, BSN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN December 21, 2012	G0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOME HEALTH CARE	2700 S LAFAYETTE ST STE 210 FORT WAYNE, IN 46806

(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
G0180	484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE The licensed practical nurse prepares clinical and progress notes. Based on clinical record review and policy review, the agency failed to ensure the the Licensed Practical Nurse (LPN) charted the patient's blood sugar in the visit notes for 1 of 2 clinical records reviewed with the potential to affect all the agency's patients who receive LPN services. (#1) Findings include: 1. Clinical record 1, Start of Care (SOC) 4/10/12, included a plan of care for the certification period 10/7-12/5/12 with physician orders for skilled nurse (SN) 4 times per day, 7 days a week, for 60 days to check blood sugar and administer insulin as needed. The SN visit note dated 11/11/12 at 8:22 PM failed to evidence the LPN (employee C) documented the blood sugar reading. On 12/19/12 at 9:45 AM, a copy of the Medication Administration Record (MAR) for November 2012 was obtained from the group home chart evidencing the blood sugar for 11/11/12 at hour of sleep (HS) was 108 and insulin was documented as having been administered by employee C as ordered.	G0180	The Clinical Manager will inservice all agency staff on the agency policy regarding the preparation of clinical and progress notes (#3.002).10% of all clinical records will be reviewed quarterly to ensure compliance with the agency policy.The Clinical Manager will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.	01/25/2013

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
	157442		12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOME HEALTH CARE	2700 S LAFAYETTE ST STE 210 FORT WAYNE, IN 46806

(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
	2. The agency's policy titled "Charting," # 3.002, effective March 1, 1995, states "1. CHHD staff and interdisciplinary team members document all client home health care on the day the service is rendered. 2. Such documentation includes, but is not limited to, the following: ... n. pertinent current and past findings."			
N0000	This was a home health agency state complaint investigation survey. Complaint #: IN00120693 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited. Survey date: December 18 -19, 2012. Facility #: 008749 Medicaid vendor #: 200065690 Surveyor: Miriam Bennett, RN, BSN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN December 21, 2012	N0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOME HEALTH CARE	2700 S LAFAYETTE ST STE 210 FORT WAYNE, IN 46806

(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
N0554	410 IAC 17-14-1(a)(2)(B) Scope of Services Rule 14 Sec. 1(a) (2) (B) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (B) Prepare clinical notes. Based on clinical record review and policy review, the agency failed to ensure the the Licensed Practical Nurse (LPN) charted the patient's blood sugar in the visit notes for 1 of 2 clinical records reviewed with the potential to affect all the agency's patients who receive LPN services. (#1) Findings include: 1. Clinical record 1, Start of Care (SOC) 4/10/12, included a plan of care for the certification period 10/7-12/5/12 with physician orders for skilled nurse (SN) 4 times per day, 7 days a week, for 60 days to check blood sugar and administer insulin as needed. The SN visit note dated 11/11/12 at 8:22 PM failed to evidence the LPN (employee C) documented the blood sugar reading. On 12/19/12 at 9:45 AM, a copy of the Medication Administration Record (MAR) for November 2012 was obtained from the group home chart evidencing the blood sugar for 11/11/12 at hour of sleep (HS) was 108 and insulin was documented as having been administered	N0554	The Clinical Manager will inservice all agency staff on the agency policy regarding the preparation of clinical and progress notes (#3.002).10% of all clinical records will be reviewed quarterly to ensure compliance with the agency policy.The Clinical Manager will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur	01/25/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOME HEALTH CARE	2700 S LAFAYETTE ST STE 210 FORT WAYNE, IN 46806

(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
	by employee C as ordered. 2. The agency's policy titled "Charting," # 3.002, effective March 1, 1995, states "1. CHHD staff and interdisciplinary team members document all client home health care on the day the service is rendered. 2. Such documentation includes, but is not limited to, the following: ... n. pertinent current and past findings."			