

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157621	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/06/2015
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NAME OF PROVIDER OR SUPPLIER BETTER LIVING HOME HEALTH CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2040 WASHINGTON AVENUE EVANSVILLE, IN 47714
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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
G 0000 Bldg. 00	<p>This was a revisit for the Federal home health recertification survey completed 8-10-15 to 8-14-15.</p> <p>Survey Date: 10-6-15</p> <p>Facility #: 012101</p> <p>Medicare Provider # 15-7621</p> <p>Medicaid Vendor #: 200951600</p> <p>Census: 34 skilled patients 29 home health aide only patients 63 total patients</p> <p>Two (2) Conditions of Participation and 18 standards were found to be corrected as a result of this survey. One (1) new standard was cited.</p>	G 0000		
G 0207 Bldg. 00	<p>484.36(a)(2) HHA TRAINING - CONDUCT A home health aide training program may be offered by any organization except an HHA</p>			

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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	<p>that, within the previous two years, has been found:</p> <ul style="list-style-type: none"> - Out of compliance with requirements of this paragraph (a) or paragraph (b) of this section - To permit an individual that does not meet the definition of "home health aide" as specified in §484.4 to furnish home health aide services (with the exception of licensed health professionals and volunteers) - Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State) - Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction - Has been found to have compliance deficiencies that endanger the health and safety of the HHA's patients and has had a temporary management appointed to oversee the management of the HHA - Has had all or part of its Medicare payments suspended <p>Further, under any Federal or State law within the 2-year period beginning on October 1, 1988:</p> <ul style="list-style-type: none"> - Has had its participation in the Medicare program terminated - Has been assessed a penalty of not less than \$5,000 for deficiencies in Federal or State standards for HHAs - Was subject to a suspension of Medicare payments to which it otherwise would have been entitled; - Had operated under a temporary management that was appointed to oversee the operation of the HHA and to ensure the health and safety of the HHA's patients - Was closed or had its residents transferred 			

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	<p>by the State.</p> <p>Based on record review and interview, the agency conducted a home health competency evaluation program after being precluded as a result of being found out of compliance with 42 CFR 484.14 and 484.55 during the 8-14-15 recertification survey for 1 (employee Q) of 1 home health aide file reviewed of home health aides hired after the 8-14-15 recertification survey.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The agency's personnel list included employee Q a home health aide with a hire date of 8-31-15. The competency evaluation completed for the aide was reviewed on 10-6-15 at 11:40 AM. The competency evaluation evidenced employee R, a registered nurse (RN), had administered the evaluation on 9-21-15. The agency's personnel list evidenced employee R, the RN, was an employee of the agency. 2. The administrator indicated, on 10-6-15 at 11:40 AM, the competency evaluation had been administered by an RN employed by this agency. 	G 0207	<p>G0207</p> <p>The home health aide that was certified through another agency by an employee that also works for Better Living was relieved from home health aide responsibilities on 10/6/2015 by the Administrator.</p> <p>The employee will not be assigned to work for Better Living as a Home Health Aide until she is certified by a nurse who does not work for Better Living. The Administrator is responsible for ensuring that the employee is not assigned to HHA responsibilities until re-certified.</p> <p>To ensure that this does not happen again, on 9-14-15, Better Living entered into an agreement with an RN who does not now, and has never worked for Better Living. Only contracted nurses with no employment relationship with Better Living will be used to conduct Better Living competency evaluations. The Administrator will schedule all competency evaluations to ensure that the proper individual is conducting the evaluation. The Administrator is responsible for ensuring that the proper person conducts the competency evaluation.</p> <p>In addition, effective 10-6-15 when aides who are already on the Home Health Aide registry are hired to work for Better Living we will conduct an investigation to ensure that the competency evaluator does not have an</p>	10/06/2015	

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N 0000 Bldg. 00	<p>This was a revisit for the State home health re-licensure survey completed 8-10-15 to 8-14-15.</p> <p>Survey Date: 10-6-15</p> <p>Facility #: 012101</p> <p>Medicare Provider # 15-7621</p> <p>Medicaid Vendor #: 200951600</p> <p>Census: 34 skilled patients 29 home health aide only patients 63 total patients</p> <p>Better Living Home Health was found to be in compliance with 410 IAC Article 17.</p>	N 0000	<p>employment relationship with Better Living. The Administrator is responsible for determining if the certifying nurse has an employment relationship with Better Living.</p>	