

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157598	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2013
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NAME OF PROVIDER OR SUPPLIER CARETENDERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W JEFFERSON STREET SUITE C FRANKLIN, IN 46131
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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 29 - May 1, 2013 Partial Extended Survey Dates: April 29 - May 1, 2013</p> <p>Facility Number: 005647</p> <p>Provider Number: 157598</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: 69 Home Health Aide Only: 0 Personal Care Only: 0 Total: 69</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN,</p>	G000000		

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 May 3, 2013			

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G000121	<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 policy and document review, observation, and interview, the agency failed to ensure infection control measures were followed during 1 of 1 home visits with a Home Health Aide (HHA) with the potential to affect all the patients seen by employee A, HHA. (#4)</p> <p>The findings include:</p> <p>1. Policy titled "Compliance with Accepted Professional Standards and Principles" policy number 2.2, revised 9/05 states, "Staff will comply with the accepted professional standards and principles that apply to professionals furnishing services in their state, which include: Federal and State Rules and Regulations ... Discipline State Practice Acts ... Discipline Specific Standards of Practice (as published by national organizations) ... Company Policies and Procedures."</p> <p>2. The Centers for Disease Control "Standards Precautions" states, "IV.</p>	G000121	<p>On 4/30/2013, the Director of Professional Services reviewed the finding and 'coached' employee A regarding hand hygiene, use of gloves, and bathing procedures. The Director of Professional Services in-serviced all staff regarding hand hygiene protocols, use of gloves, infection control practices and bathing procedures on 5/2/2013. Hand hygiene performance improvement initiative had been implemented prior to survey. This performance improvement initiative will be continued through 2013. Hand hygiene compliance and bathing protocols will be audited quarterly through 2013 during staff supervisory visits. The Director of Professional Services/Designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	05/02/2013

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	<p>Standard Precautions . . . IV.A. Hand Hygiene. IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . .</p> <p>Perform hand hygiene: IV.A.3.a. Before having direct contact with patients. IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings. IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient). IV.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care. IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. IV.A.3.f. After removing gloves . . . IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently . . . IV.B. Personal protective equipment (PPE) . . . IV.B.2. Gloves. IV.B.2.a. Wear gloves when it can be reasonably anticipated that</p>			

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	<p>contact with blood or potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin . . . could occur.</p> <p>3. During a home visit on 4/30/13 at 10:20 AM, employee A, HHA, washed hands, donned gloves, picked up patient's laundry basket for patient to pick out clothing, and helped the patient out of their chair with a gait belt. The HHA then guided the patient to the bathroom, and the patient sat down on a seat. The HHA filled up the basin with warm water, added soap and a wash cloth, and the patient used the wash cloth to wash their face and hair. The HHA lathered more soap on the wash cloth and the patient scrubbed their hands and arms. The HHA dumped the basin water into the sink, filled the basin with fresh water, rinsed the wash cloth under the faucet water, lathered soap onto the wash cloth, handed the wash cloth to the patient, and the patient cleaned his/her chest. The HHA then dumped the water out of the basin and rinsed the wash cloth under the faucet water. The HHA added soap to the wash cloth and cleaned the patient's back. The HHA then towel dried the patient's back. The HHA dumped the water out of the basin into the sink and filled the</p>			

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	<p>basin up with fresh water. The HHA then put the gait belt on the patient, helped the patient off the seat, helped the patient take off pants and underwear, and cleaned the patient's legs with the wash cloth. The HHA then dumped the water out of the basin into the sink, filled up the basin with fresh water, grabbed a new wash cloth, handed the wash cloth to the patient, and the patient cleaned his/her genitalia. The patient cleaned between his/her legs, and the HHA rung the wash cloth out and washed the patient's buttocks. No glove change was preformed throughout the entire process.</p> <p>4. On 4/30/13 at 3:30 PM, employee B, Patient Care Liaison, indicated that the gloves needed to be removed after dumping out dirty water, then hands needed to be washed with soap and water or hand gel, and new gloves should have been applied.</p>			

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G000158	<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 visits were made in accordance with the plan of care in 1 of 10 records reviewed with the potential to affect all the agency's patients who received skilled nursing. (#7)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Policy titled "Compliance with Accepted Professional Standards and Principles" policy number 2.2, revised 9/05 states, "Staff will comply with the accepted professional standards and principles that apply to professionals furnishing services in their state, which include: Federal and State Rules and Regulations ... Discipline State Practice Acts ... Discipline Specific Standards of Practice (as published by national organizations) ... Company Policies and Procedures." 2. Clinical record #7, start of care 	G000158	The Director of Professional Services has in-serviced staff that skilled nursing visits must be performed in accordance with physician orders and plan of care. 10% of all medical records will be audited quarter through out 2013 for evidence that skilled nursing visits are conducted at the frequency ordered by the physician as reflected on the plan of care. The Director of professional services/designee will be responsible for monitoring these corrective actions to ensure that his deficiency is corrected and does not recur.	05/02/2013

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	<p>4/13/13, contained a home health certification and plan of care dated 4/13/13 to 6/11/13 with orders for skilled nursing (SN) to visit once a week for one week, three times a week for eight weeks, and two PRN (when necessary) visits for wound care complications. Review of the record evidenced the SN visited the patient on 4/13/13, 4/15/13, 4/17/13, and 4/19/13. An extra SN visit was made during the week beginning on 4/13/13 and ending on 4/19/13.</p> <p>3. During an interview on 5/1/13 at 6:00 PM, employee B, Patient Care Liaison, indicated that according to how the plan of care was worded, it does appear an extra SN visit was made.</p>			

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G000159	<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 review, interview, and policy review, the agency failed to ensure the plan of care included all durable medical equipment (DME) for 1 of 10 records reviewed with the potential to affect all the agency's patients. (#10)</p> <p>The findings include:</p> <p>1. Clinical record #10, start of care 3/21/13, included a Home Health Certification and Plan of Care for the Certification Period from 3/21/13 to 5/19/13. The record also included a comprehensive assessment dated 3/21/13. Under the heading "Appliances/Aides/Special Equipment" in the assessment, the registered nurse (RN) checked "Hoyer Lift and Hospital Bed" These items were not listed on the Home Health Certification and Plan of</p>	G000159	The Director of Professional Services in-serviced all staff regarding the need to ensure all equipment utilized by a patient be properly documented on the Home Health Certification and Plan of Care. 100% of all initial assessment (new admissions) and reassessment (recertification) medical records will be audited quarterly though 2013 for evidence that all medica equipment is documented on the Home Health Certification and Plan of Care. The Director of Professional Service/Designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.	05/02/2013	

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	<p>Care. The "DME and Supplies" section only stated "Dressing Supplies, Catheter Supplies."</p> <p>2. On 4/30/13 at 3:45 PM, employee B, Patient Care Liaison/RN, indicated the Hoyer lift and Hospital Bed were not listed on the Plan of Care.</p> <p>3. Facility policy titled "Medical Record Policy", policy # 5.8 with a revision date of 4/03 states, "Components: ... All adaptive equipment (DME or special ramps, etc.) needed in the home."</p>			

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G000170	<p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>Based on policy review, clinical record review, and interview, the home health agency failed to ensure skilled nursing visits were made in accordance with the plan of care in 1 of 10 records reviewed with the potential to affect all the agency's patients who received skilled nursing. (#7)</p> <p>The findings include:</p> <p>1. Policy titled "Compliance with Accepted Professional Standards and Principles" policy number 2.2, revised 9/05 states, "Staff will comply with the accepted professional standards and principles that apply to professionals furnishing services in their state, which include: Federal and State Rules and Regulations ... Discipline State Practice Acts ... Discipline Specific Standards of Practice (as published by national organizations) ... Company Policies and Procedures."</p> <p>2. Clinical record #7, start of care 4/13/13, contained a home health certification and plan of care dated 4/13/13 to 6/11/13 with orders for</p>	G000170	The Director of Professional Services has in-serviced staff that skilled nursing visits must be performed in accordance with physician orders and plan of care. 10% of all medical records will be audited quarter through out 2013 for evidence that skilled nursing visits are conducted at the frequency ordered by the physician as reflected on the plan of care. The Director of professional services/designee will be responsible for monitoring these corrective actions to ensure that his deficiency is corrected and does not recur.	05/02/2013

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	<p>skilled nursing (SN) to visit once a week for one week, three times a week for eight weeks, and two PRN (when necessary) visits for wound care complications. Review of the record evidenced the SN visited the patient on 4/13/13, 4/15/13, 4/17/13, and 4/19/13. An extra SN visit was made during the week beginning on 4/13/13 and ending on 4/19/13.</p> <p>3. During an interview on 5/1/13 at 6:00 PM, employee B, Patient Care Liaison, indicated that according to how the plan of care was worded, it does appear an extra SN visit was made.</p>			

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N000000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: April 29 - May 1, 2013</p> <p>Facility Number: 005647</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor - Team Leader</p> <p style="padding-left: 150px;">Kelly Ennis, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 69 Home Health Aide Only: 0 Personal Care Only: 0 Total: 69</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 3, 2013</p>	N000000			

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N000470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on policy and document review, observation, and interview, the agency failed to ensure infection control measures were followed during 1 of 1 home visits with a Home Health Aide (HHA) with the potential to affect all the patients seen by employee A, HHA. (#4)</p> <p>The findings include:</p> <p>1. Policy titled "Compliance with Accepted Professional Standards and Principles" policy number 2.2, revised 9/05 states, "Staff will comply with the accepted professional standards and principles that apply to professionals furnishing services in their state, which include: Federal and State Rules and Regulations ... Discipline State Practice Acts ... Discipline Specific Standards of Practice (as published by national organizations) ... Company Policies and Procedures."</p> <p>2. The Centers for Disease Control "Standards Precautions" states, "IV.</p>	N000470	<p>On 4/30/2013, the Director of Professional Services reviewed the finding and 'coached' employee A regarding hand hygiene, use of gloves, and bathing procedures. The Director of Professional Services in-serviced all staff regarding hand hygiene protocols, use of gloves, infection control practices and bathing procedures on 5/2/2013. Hand hygiene performance improvement initiative had been implemented prior to survey. This performance improvement initiative will be continued through 2013. Hand hygiene compliance and bathing protocols will be audited quarterly through 2013 during staff supervisory visits. The Director of Professional Services/Designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	05/02/2013	

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	<p>Standard Precautions . . . IV.A. Hand Hygiene. IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . .</p> <p>Perform hand hygiene: IV.A.3.a. Before having direct contact with patients. IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings. IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient). IV.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care. IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. IV.A.3.f. After removing gloves . . . IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently . . . IV.B. Personal protective equipment (PPE) . . . IV.B.2. Gloves. IV.B.2.a. Wear gloves when it can be reasonably anticipated that</p>			

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	<p>contact with blood or potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin . . . could occur.</p> <p>3. During a home visit on 4/30/13 at 10:20 AM, employee A, HHA, washed hands, donned gloves, picked up patient's laundry basket for patient to pick out clothing, and helped the patient out of their chair with a gait belt. The HHA then guided the patient to the bathroom, and the patient sat down on a seat. The HHA filled up the basin with warm water, added soap and a wash cloth, and the patient used the wash cloth to wash their face and hair. The HHA lathered more soap on the wash cloth and the patient scrubbed their hands and arms. The HHA dumped the basin water into the sink, filled the basin with fresh water, rinsed the wash cloth under the faucet water, lathered soap onto the wash cloth, handed the wash cloth to the patient, and the patient cleaned his/her chest. The HHA then dumped the water out of the basin and rinsed the wash cloth under the faucet water. The HHA added soap to the wash cloth and cleaned the patient's back. The HHA then towel dried the patient's back. The HHA dumped the water out of the basin into the sink and filled the</p>			

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NAME OF PROVIDER OR SUPPLIER CARETENDERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W JEFFERSON STREET SUITE C FRANKLIN, IN 46131
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	<p>basin up with fresh water. The HHA then put the gait belt on the patient, helped the patient off the seat, helped the patient take off pants and underwear, and cleaned the patient's legs with the wash cloth. The HHA then dumped the water out of the basin into the sink, filled up the basin with fresh water, grabbed a new wash cloth, handed the wash cloth to the patient, and the patient cleaned his/her genitalia. The patient cleaned between his/her legs, and the HHA rung the wash cloth out and washed the patient's buttocks. No glove change was preformed throughout the entire process.</p> <p>4. On 4/30/13 at 3:30 PM, employee B, Patient Care Liaison, indicated that the gloves needed to be removed after dumping out dirty water, then hands needed to be washed with soap and water or hand gel, and new gloves should have been applied.</p>			

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N000522	<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 visits were made in accordance with the plan of care in 1 of 10 records reviewed with the potential to affect all the agency's patients who received skilled nursing. (#7)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Policy titled "Compliance with Accepted Professional Standards and Principles" policy number 2.2, revised 9/05 states, "Staff will comply with the accepted professional standards and principles that apply to professionals furnishing services in their state, which include: Federal and State Rules and Regulations ... Discipline State Practice Acts ... Discipline Specific Standards of Practice (as published by national organizations) ... Company Policies and Procedures." 2. Clinical record #7, start of care 	N000522	The Director of Professional Services has in-serviced staff that skilled nursing visits must be performed in accordance with physician orders and plan of care. 10% of all medical records will be audited quarter through out 2013 for evidence that skilled nursing visits are conducted at the frequency ordered by the physician as reflected on the plan of care. The Director of professional services/designee will be responsible for monitoring these corrective actions to ensure that his deficiency is corrected and does not recur.	05/02/2013	

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	<p>4/13/13, contained a home health certification and plan of care dated 4/13/13 to 6/11/13 with orders for skilled nursing (SN) to visit once a week for one week, three times a week for eight weeks, and two PRN (when necessary) visits for wound care complications. Review of the record evidenced the SN visited the patient on 4/13/13, 4/15/13, 4/17/13, and 4/19/13. An extra SN visit was made during the week beginning on 4/13/13 and ending on 4/19/13.</p> <p>3. During an interview on 5/1/13 at 6:00 PM, employee B, Patient Care Liaison, indicated that according to how the plan of care was worded, it does appear an extra SN visit was made.</p>			

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N000524	<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 review, interview, and policy review, the agency failed to ensure the plan of care included all durable medical equipment (DME) for 1 of 10 records reviewed with the potential to affect all the agency's patients. (#10)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #10, start of care 	N000524	The Director of Professional Services in-serviced all staff regarding the need to ensure all equipment utilized by a patient be properly documented on the Home Health Certification and Plan of Care. 100% of all initial assessment (new admissions) and reassessment (recertification) medical records will be audited quarterly though 2013 for evidence that all medica equipment is doc umented on the Home Health Certification and Plan of Care. The Director of	05/02/2013

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	<p>3/21/13, included a Home Health Certification and Plan of Care for the Certification Period from 3/21/13 to 5/19/13. The record also included a comprehensive assessment dated 3/21/13. Under the heading "Appliances/Aides/Special Equipment" in the assessment, the registered nurse (RN) checked "Hoyer Lift and Hospital Bed" These items were not listed on the Home Health Certification and Plan of Care. The "DME and Supplies" section only stated "Dressing Supplies, Catheter Supplies."</p> <p>2. On 4/30/13 at 3:45 PM, employee B, Patient Care Liaison/RN, indicated the Hoyer lift and Hospital Bed were not listed on the Plan of Care.</p> <p>3. Facility policy titled "Medical Record Policy", policy # 5.8 with a revision date of 4/03 states, "Components: ... All adaptive equipment (DME or special ramps, etc.) needed in the home."</p>		Professional Service/Designee will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and does not recur.	

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N000537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows:</p> <p>Based on policy review, clinical record review, and interview, the home health agency failed to ensure skilled nursing visits were made in accordance with the plan of care in 1 of 10 records reviewed with the potential to affect all the agency's patients who received skilled nursing. (#7)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Policy titled "Compliance with Accepted Professional Standards and Principles" policy number 2.2, revised 9/05 states, "Staff will comply with the accepted professional standards and principles that apply to professionals furnishing services in their state, which include: Federal and State Rules and Regulations ... Discipline State Practice Acts ... Discipline Specific Standards of Practice (as published by national organizations) ... Company Policies and Procedures." 2. Clinical record #7, start of care 	N000537	The Director of Professional Services has in-serviced staff that skilled nursing visits must be performed in accordance with physician orders and plan of care. 10% of all medical records will be audited quarter through out 2013 for evidence that skilled nursing visits are conducted at the frequency ordered by the physician as reflected on the plan of care. The Director of professional services/designee will be responsible for monitoring these corrective actions to ensure that his deficiency is corrected and does not recur.	05/02/2013

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