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
	15K095		09/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER LOVE HOME SERVICES LLC	7895 BROADVWAY STE L MERRILLVILLE, IN 46410

(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				
	This was a Federal home health recertification survey. This survey was partially extended. Survey dates: September 16-18, 2015 and September 21, 2015 Medicare #: N/A Facility #: 012817 Unduplicated Admission: 26 Active Patients: 23 Records reviewed without home visits: 5 Records reviewed with home visits: 5 Total number of records reviewed: 10	G 0000		
G 0158 Bldg. 00	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. Based on record review and interview, the agency failed to ensure the frequencies on the plan of care (POC), were met for 2 of 10 (#'s 1 and 9) clinical records reviewed. Findings include: 1. Clinical record review #1, start of care (SOC), 6/4/14, POC dated 7/29/15-9/26/15. PT evaluation completed on 7/13/15, indicated a	G 0158	Record #1: A patient was missed during the week of 09/05/15 - 09/11/15 G0158 A missed visit form was done on 09/08/15 received by therapist indicating no visit was done due to client cancellation and filed in client's chart An in-service on documentation of missed visits was completed with the Physical Therapists, by the Nursing Supervisor. Future scheduled PT visits that are missed, the therapist will notify agency by phone and a missed visit form will	09/24/2015

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.

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NAME OF PROVIDER OR SUPPLIER TENDER LOVE HOME SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7895 BROADVWAY STE L MERRILLVILLE, IN 46410	

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	frequency and duration of 1w1, 2w6, the clinical record failed to evidence 2 PT visits occurred during the week of 9/5/15-9/11/15, only 1 PT visit was completed this week on 9/9/15. No missed visits note was evidenced for the PT during this period either. 2. Interview on 9/21/15 at 1:25 PM, with employee A, administrator and employee B, director of nursing (DON), confirmed only 1 PT visit occurred the week of 9/5/15-9/11/15. 3. Clinical record #9, SOC, 1/20/15, POC dated 1/20/15-3/20/15, indicated the skilled nurse (SN) frequency was 3wk9. A. The week of 1/24/15- 1/30/15, only 2 SN visits were completed. A SN visit occurred on 1/26/15 and 1/29/15. B. The week of 1/31/15- 2/6/15, only 2 SN visits were completed. A SN visit occurred on 2/3/15 and 2/6/15. C. The week of 2/8/15- 2/13/15, only 1 SN visits were completed. A SN visit occurred on 2/12/15. D. The week of 2/21/15- 2/27/15, only 2 SN visits were completed. A SN visit occurred on 2/23/15 and 2/27/15.		be completed and filed in chart. We will require a schedule from the Physical therapist for the entire twelve visits to ensure ensure that the clients visits are being made on the stated date that the PT has on our calendar. We will check on each visit date by phone and communicate with the client to ensure the scheduled visits are rendered per the calendar frequency. This will help to ensure that the frequency is met per the 485 signed by the physician. The responsibility of tracking these visits will be tracked by the Nursing Supervisor/Staff Nurse will be responsible for auditing the charts bi-weekly to ensure that all visits have been made or a missed visit form is present. Also,it will be reported to the Administrator to ensure frequencies are being followed and to ensure that this deficiency is corrected and will not recur. The frequencies will be followed according to the State and Federal regulations required of the agency. Date of completion was on 09/24/2015	

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	4. Interview on 9/21/15 at 1:30 PM, with employee A, administrator and employee B, director of nursing (DON), confirmed the SN visits were not completed. Employee's A and B, indicated the patient was going to the wound clinic on some days, but the missed visit notes were not completed for those days. 5. Agency policy titled "Acceptance of Patients, Plan of Care, and Medical Supervision Policy", dated April 6,2012, reviewed 4/6/15, states, "According ... If TLHS provides fewer visits than the physician orders, it has altered the plan of care ... TLHS will maintain documentation in the clinical record indicating that the physician was notified and is aware of the missed visit."			
N 0000 Bldg. 00	This was a State home health re-licensure survey. Survey dates: September 16-18, 2015 and September 21, 2015 Facility #: 012817 Unduplicated Admission: 26 Active Patients: 23 Records reviewed without home visits: 5 Records reviewed with home visits: 5 Total number of records reviewed: 10	N 0000		

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N 0522 Bldg. 00	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: Based on record review and interview, the agency failed to ensure the frequencies on the plan of care (POC), were met for 2 of 10 (#'s 1 and 9) clinical records reviewed. Findings include: 1. Clinical record review #1, start of care (SOC), 6/4/14, POC dated 7/29/15-9/26/15. PT evaluation completed on 7/13/15, indicated a frequency and duration of 1w1, 2w6, the clinical record failed to evidence 2 PT visits occurred during the week of 9/5/15-9/11/15, only 1 PT visit was completed this week on 9/9/15. No missed visits note was evidenced for the PT during this period either. 2. Interview on 9/21/15 at 1:25 PM, with employee A, administrator and employee B, director of nursing (DON), confirmed only 1 PT visit occurred the week of 9/5/15-9/11/15. 3. Clinical record #9, SOC, 1/20/15, POC dated 1/20/15-3/20/15, indicated the	N 0522	Record #9: Client went to wound clinic on dates during the week that visits were missed N0522 A missed visit form was completed on the day of each week questioned Since missed visited was due to client going to wound clinic on those dates except week of 2/08/15 - 02/13/15 01/28/15 - wound clinic, 02/02/15 - wound clinic, 02/09/15 - wound clinic, 02/10/15 - caregiver cancelled, 02/24/15 - wound clinic An in-service was done on missed visit documentation for all nurses and HHA. Nurse will complete a missed visit form whenever a scheduled visit is missed and it will be filed in chart. The physician is notified by MD order fax and call to office to make MD aware of missed visit. The Nursing Supervisor will be responsible for ensuring the missed visit form is filled out and placed into the clients chart. Also that the frequencies are met according to MD order Plan of Care, and State and Federal regulations. The Nursing Supervisor, or Staff Nurse will be responsible for auditing the charts bi-weekly to ensure that all visits have been made or a missed visit form is present The	09/24/2015

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	skilled nurse (SN) frequency was 3wk9. A. The week of 1/24/15- 1/30/15, only 2 SN visits were completed. A SN visit occurred on 1/26/15 and 1/29/15. B. The week of 1/31/15- 2/6/15, only 2 SN visits were completed. A SN visit occurred on 2/3/15 and 2/6/15. C. The week of 2/8/15- 2/13/15, only 1 SN visits were completed. A SN visit occurred on 2/12/15. D. The week of 2/21/15- 2/27/15, only 2 SN visits were completed. A SN visit occurred on 2/23/15 and 2/27/15. 4. Interview on 9/21/15 at 1:30 PM, with employee A, administrator and employee B, director of nursing (DON), confirmed the SN visits were not completed. Employee's A and B, indicated the patient was going to the wound clinic on some days, but the missed visit notes were not completed for those days. 5. Agency policy titled "Acceptance of Patients, Plan of Care, and Medical Supervision Policy", dated April 6,2012, reviewed 4/6/15, states, "According ... If TLHS provides fewer visits than the physician orders, it has altered the plan of care ... TLHS will maintain		Administrator, will be notified to ensure all frequencies are being followed to ensure that this deficiency is corrected and will not recur Date of completion was 09/24/2015	

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	documentation in the clinical record indicating that the physician was notified and is aware of the missed visit."			