

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157536	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/26/2015
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NAME OF PROVIDER OR SUPPLIER METHODIST HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 650 GRANT ST STE 3 GARY, IN 46404
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G 000 Bldg. 00	<p>This was a Federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: May 19-22, 2015 and May 26, 2015</p> <p>Facility #: IN003070</p> <p>Medicaid Vendor #: 200364860A</p> <p>Facility unduplicated census: 1161</p> <p>Records reviewed without home visit: 8 Record reviews with home visits: 8 Total records reviewed: 16</p> <p>QR: JE 5/20/15</p>	G 000		
G 141 Bldg. 00	<p>484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies.</p> <p>Personnel records include qualifications and licensure that are kept current. Based on personnel file review, policy review and interview, the agency failed to ensure the personnel policies were</p>	G 141	Related to employee physicals The Administrator of Home Health and the Supervisor of Employee Health have retrieved	06/30/2015

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>followed in 5 of 9 personnel files reviewed (A, C, E, F and H).</p> <p>Findings:</p> <p>Related to employee physicals</p> <p>1. Agency policy titled " New Employee Processing", dated 01/10/2007, states, "Home health employees will have a physical within 180 days of employment. The regulation is for home care employees who will be having direct patient care and they must have a physical exam by MD or NP not more than 180 days before the date that the employee has direct patient contact. ..."</p> <p>2. Personnel files A, E, and F failed to evidence physicals within 180 days of patient contact.</p> <p>A. Employee A, administrator, date of hire 1/26/03, first patient contact 11/16/05, failed to evidence a physical within 180 days of patient contact.</p> <p>B. Employee E, occupational therapist, date of hire 11/25/01, first patient contact 12/3/01, failed to evidence a physical within 180 days of patient contact.</p> <p>C. Employee F, registered nurse, date</p>		<p>all Home Health employee files from storage. June 30, 2015 the Employee physical exam declaring each Home Health employee is 'free of infectious or communicable disease' will be placed in each employee's file that will be maintained in the Home Health Manager's office. The physical exam declaring 'free of infectious or communicable disease' will be maintained for any new hires in the employee's file in the Home Health Manager's office. Beginning 2015 the Home Health Administrator will review all employee files annually to verify New Employee and Current Employee check list is present and complete. Related to TB testing The Administrator of Home Health and the Supervisor of Employee Health have retrieved all Home Health employee files from storage. June 30, 2015 the Employee TB testing reports will be placed in each employee's file that is maintained in the Home Health Manager's office. Staff will be required an annual tuberculin test or annual completion of TB evaluation. If a staff person has a reactive tuberculin test, a chest x-ray will be offered if first time reactive. Follow up chest x-rays are not necessary and will only be completed if the individual develops symptoms. The TB testing reports will be maintained for any new hires in the employee's file in the Home</p>		

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	<p>of hire 2/6/06, first patient contact 2/8/06, failed to evidence a physical within 180 days of patient contact.</p> <p>3. Interview on 5/26/15 at 3:00 PM, employee A, administrator, agreed that the physicals for employees A, E and F were not in the employees files.</p> <p>Related to TB testing</p> <p>1. Agency policy titled "Tuberculosis Protocol", dated 12/2005, states, "8. Staff will be required [sic] an annual tuberculin test or annual completion of TB evaluation. If a staff person has a reactive tuberculin test, a chest x-ray will be offered if the first time reactive. Follow up chest x-rays are not necessary and will only be completed if the individual develops symptoms. ..."</p> <p>2. Personnel file C and H failed to evidence an annual TB test, chest x-ray, or risk assessment.</p> <p>A. Employee file C, registered nurse, date of hire 9/10/12, first patient contact 10/12/12, failed to evidence an annual TB test since 2013.</p> <p>B. Employee file H, physical therapist, date of hire 12/21/04, first patient contact 12/27/04, evidenced the</p>		<p>Health Manager's office. Beginning 2015 the Home Health Administrator will review all employee files annually to verify New Employee and Current Employee check list is present and complete. *New Employee and Current Employee check list attached</p>				

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G 144 Bldg. 00	<p>employee had a history of a positive TB test. The file failed to evidence a past chest x-ray or any annual TB risk assessments.</p> <p>3. Interview on 5/26/15 at 3:05 PM, employee A, administrator, indicated she was unable to provide any other documentation.</p> <p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. Based on clinical record review and interview, the agency failed to ensure all personnel furnishing services documented the coordination of care while services were being provided for 1 of 16 records reviewed (#2).</p> <p>Findings:</p> <p>1. Clinical record #2, start of care (SOC), 1/8/13, included a plan of care for the certification period 4/28/15 - 6/26/15, that identified the patient received skilled nurse and home health aide services. The</p>	G 144	<p>June 18, 2015 a mandatory meeting will be held to educate each staff member to document all case communications on each patient utilizing the format of "Case Communication" in the EMR and sending to all staff, physicians, case manager, and treatment centers associated to the patient.</p> <p>June 18, 2015 the Home Health Administrator will provide EPIC training on choosing <u>New Other Contact</u> and selecting Case Communication as a contact. Demonstrate format to be used to</p>	06/18/2015

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G 152 Bldg. 00	<p>record failed to evidence any coordination of care between these disciplines for the duration of the patient's service.</p> <p>2. On 5/26/15 at 10:50 AM, employee A, administrator, agreed there was no documentation in the patient's record of coordination of care between the disciplines.</p> <p>3. Agency policy titled " Care Coordination ", dated 10/2001, states, " When more than one service is provided to the patient, whether directly or through contract, the actions and goals of the services must be complementary and reflect coordinated planning ... Case communication will be documented in the clinical electronic medical record (EMR) to document care coordination ."</p> <p>484.16 GROUP OF PROFESSIONAL PERSONNEL A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines. Based on review of agency documents, agency policy review, and interview, the agency failed to ensure the professional</p>	G 152	<p>communicate necessary patient information to other persons involved in patient's care; HH staff, physician, case manager, and treatment centers.</p> <p>Beginning 3rd Quarter of 2015 30 clinical records will be audited quarterly for evidence of case communication documentation . Audit results will presented quarterly at a general staff meeting.</p> <p>The Administrator of Home Health will be responsible for monitoring the audits and implement corrective actions to ensure any deficiencies are corrected and will not recur.</p> <p>June 3, 2015 the Methodist Hospitals CNO Shelly Major and Methodist</p>	06/03/2015			

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	<p>advisory committee (PAC) included representation of a physician for 2 of 2 PAC meetings.</p> <p>Findings</p> <p>1. Review of agency document titled "Minutes, PAC-Professional Advisory Board-2012 Review" identified a PAC meeting was held on August 14, 2013, and February 23, 2015. The documents failed to evidence a physician was in attendance at the meeting.</p> <p>2. Interview on 5/27/15 at 2:00 PM, employee A, administrator, indicated they have been actively trying to replace the current physician on the professional advisory committee due to lack of attendance of the meeting but has not been able to replace that physician yet.</p> <p>3. Agency policy titled "Professional Advisory Committee", dated 10/2005, states, "The manager arranges for the formulation and selection of members for the Professional Advisory Committee. The Governing Body reviews, accepts, or modifies the recommendations of the Professional Advisory Committee, initiating appropriate actions ... The Professional Advisory Committee includes ... At least one physician. ..."</p>		<p>Home Care Administrator Martha Sutkowski met with Medical Director of Home Health Okechi Nwabara MD to review policy on required physician attendance to PAC meeting. Dr. O. Nwabara pledged to attend PAC meeting. Agency pledged to involve Dr. O. Nwabara in selection meeting date and time. We agreed to invite a back-up physician to the PAC.</p>	

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G 154 Bldg. 00	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.</p> <p>Based on review of agency documents, agency policy review, and interview, the agency failed to ensure the professional advisory committee (PAC) met annually.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Review of agency documents failed to evidence a PAC meeting was held by the agency in 2014. 2. Interview on 5/27/15 at 2:00 PM, employee A, administrator, indicated the 2014 meeting was canceled due to inclement weather in the winter and was never rescheduled for the 2014 year. 3. Agency policy titled " Professional Advisory Committee " , dated 10/2005, states, " ... Meets at least once a year although more frequent meetings may be scheduled " 	G 154	<p>May 28, 2015 the Administrator and Education Coordinator reviewed the policy regarding the PAC meeting's and vowed to facilitate PAC meeting annually and maintain dated agenda, member list, minutes, and attachments.</p>	05/28/2015

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G 172 Bldg. 00	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs. Based on home visit observation, interview, and agency document review, the agency failed to ensure the registered nurse (RN), employee C, re-evaluated the patient's lungs during a visit that included draining the lung for 1 of 16 (#1) records reviewed.</p> <p>Findings</p> <p>1. Home visit observation for patient #1 on 5/20/15 at 9:30 AM, employee C, RN, was observed taking the patient's, temperature, blood pressure, and radial pulse. Clinical record 1 evidenced a plan of care for the certification period 4/1/15 - 5/30/15 that identified the patient had a Pleurx drain which drained the patient's right lung. The RN did not assess or reevaluate the patient's lungs during this visit.</p> <p>2. Interview on 5/26/15 at 3:15 PM, employee C indicated the lungs were not assessed because he/she had just seen the</p>	G 172	<p>May 28, 2015 the job description and assessment expectations were reviewed with Employee C. Employee's compliance with policy and Job description will be monitored for 6 months by the Administrator and Home Health Educator/Quality Assurance Coordinator. During this 6 month period the audits will be monitored and corrective actions implemented for failure to comply to ensure any deficiencies are corrected and will not recur. June 8, 2015 the Home Health Administrator and the Education Coordinator revised Policy HH-IM_03 – Clinical Records – Documentation, section Clinical Documentation outlining expectations for all disciplines to perform and document at routine visits. HH-IM_03 is in the approval process and anticipate finalizing by June 30, 2015. Assessment education and review of policy revision HH-IM_03 will be provided for all staff. July 2015 will the month when a mandatory meeting will be held to educate each staff member. *Attached HH-IM_03 – Clinical Records - Documentation</p>	07/31/2015

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G 225 Bldg. 00	<p>patient on 5/18/15.</p> <p>3. Agency document titled "Job Description ", signed by employee C on 9/10/12, states, "Job Title: Registered Nurse ... Assesses, evaluates, interprets and documents the patient ' s physical and mental status. ..."</p> <p>484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law. Based on observation, interview, and agency document review, the agency failed to ensure the home health aide provided care that was safe in 1 of 16 (#6) records reviewed. Findings: 1. Home visit observation for patient #6 on 5/21/15 at 2:45 PM, employee I, home health aide, let the bed rail down, repositioned patient with knees in the air and slightly tipped towards the edge of</p>	G 225	<p>Employee I, HHT has been counseled regarding patient safety concern June 2, 2015. The Administrator will conduct monthly home supervisory visits to monitor Employee I's safe patient care for 6 months. Visits will be conducted with the HHT present and providing care. These records will be maintained in the employee's file. Records will be audited to insure safety concern does not recur and corrective action implemented if safety violation is repeated.</p>	06/30/2015

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N 000 Bldg. 00	<p>the bed and walked away from patient to get a towel in the patient's room. Later during the visit, employee I, walked out of the room to refill a wash pan with clean water and left the bed rail down, with the patient in the same position.</p> <p>2. Interview on 5/22/15 at 11:00 AM, employee A, administrator, agreed bed rail should have been up when patient was unattended.</p> <p>3. Agency document titled "Job Description" that was signed by employee I, home health aide on 10/15/01, states, "Job Title: Home Health Technician ... Assists with ambulation, transfers, and repositioning in a safe manner. ..."</p> <p>This was a State home health relicensure survey.</p> <p>Survey Dates: May 19-22, 2015 and May 26, 2015</p> <p>Facility #: IN003070</p> <p>Medicaid Vendor #: 200364860A</p>	N 000	<p>In the month of June the Home Health Techs will attend an In-service topic Patient Safety. In the month of June the Educator will review Job Description with each Home Health Tech: <i>Demonstrates knowledge of operational policies and procedures related to patient and facility safety. Performs work safely and in accordance with National Patient Safety Goals, without causing harm or risk to self, others, or property. Recognizes safety hazards and takes corrective action when necessary.</i></p>				

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N 462 Bldg. 00	<p>Facility unduplicated census: 1161</p> <p>Records reviewed without home visit: 8 Record reviews with home visits: 8 Total records reviewed: 16</p> <p>QR: JE 5/20/15</p> <p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on personnel file review, policy review, and interview, the agency failed to ensure the employees had a physical within 180 days of patient contact in 3 of 9 personnel files reviewed (A, E, and F).</p> <p>Findings:</p> <p>1. Personnel files A, E, and F failed to evidence physicals within 180 days of patient contact.</p>	N 462	The Administrator of Home Health and the Supervisor of Employee Health have retrieved all Home Health employee files from storage. June 30, 2015 the Employee physical exam declaring each Home Health employee is 'free of infectious or communicable disease' will be placed in each employee's file that will be maintained in the Home Health Manager's office. The physical exam declaring 'free of infectious or communicable disease' will be maintained for any new hires in the employee's	06/30/2015	

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	<p>A. Employee A, administrator, date of hire 1/26/03, first patient contact 11/16/05, failed to evidence a physical within 180 days of patient contact.</p> <p>B. Employee E, occupational therapist, date of hire 11/25/01, first patient contact 12/3/01, failed to evidence a physical within 180 days of patient contact.</p> <p>C. Employee F, registered nurse, date of hire 2/6/06, first patient contact 2/8/06, failed to evidence a physical within 180 days of patient contact.</p> <p>2. Interview on 5/26/15 at 3:00 PM, employee A, administrator, agreed that the physicals for employees A, E and F were not in the employees files.</p> <p>3. Agency policy titled " New Employee Processing", dated 01/10/2007, states, "Home health employees will have a physical within 180 days of employment. The regulation is for home care employees who will be having direct patient care and they must have a physical exam by MD or NP not more than 180 days before the date that the employee has direct patient contact. ..."</p>		file in the Home Health Manager's office. Beginning 2015 the Home Health Administrator will review all employee files annually to verify New Employee and Current Employee check list is present and complete. Beginning 2015 the Home Health Administrator will review all employee files annually to verify New Employee and Current Employee check list is present and complete. *New Employee and Current Employee check list attached				

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N 464 Bldg. 00	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin</p>			

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	<p>test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file review, policy review and interview, the agency failed to ensure employees had completed an annual TB test, chest x-ray, or risk assessment in 2 of 9 personnel files reviewed (C and H).</p> <p>Findings:</p> <p>1. Personnel file C and H failed to evidence an annual TB test, chest x-ray, or risk assessment.</p> <p>A. Employee file C, registered nurse, date of hire 9/10/12, first patient contact 10/12/12, failed to evidence an annual TB test since 2013.</p> <p>B. Employee file H, physical therapist, date of hire 12/21/04, first patient contact 12/27/04, evidenced the</p>	N 464	The Administrator of Home Health and the Supervisor of Employee Health have retrieved all Home Health employee files from storage. June 30, 2015 the Employee TB testing reports will be placed in each employee's file that is maintained in the Home Health Manager's office. Staff will be required an annual tuberculin test or annual completion of TB evaluation. If a staff person has a reactive tuberculin test, a chest x-ray will be offered if first time reactive. Follow up chest x-rays are not necessary and will only be completed if the individual develops symptoms. The TB testing reports will be maintained for any new hires in the employee's file in the Home Health Manager's office. Beginning 2015 the Home Health Administrator will review all employee files annually to verify New Employee and Current	06/30/2015

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N 484 Bldg. 00	<p>employee had a history of a positive TB test. The file failed to evidence a past chest x-ray or any annual TB risk assessments.</p> <p>2. Interview on 5/26/15 at 3:05 PM, employee A, administrator, indicated she was unable to provide any other documentation.</p> <p>3. Agency policy titled "Tuberculosis Protocol", dated 12/2005, states, "8. Staff will be required [sic] an annual tuberculin test or annual completion of TB evaluation. If a staff person has a reactive tuberculin test, a chest x-ray will be offered if the first time reactive. Follow up chest x-rays are not necessary and will only be completed if the individual develops symptoms. ..."</p> <p>410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences.</p>		Employee check list is present and complete. *New Employee and Current Employee check list attached	

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	<p>Based on clinical record review and interview, the agency failed to ensure all personnel furnishing services documented the coordination of care while services were being provided for 1 of 16 records reviewed (#2).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care (SOC), 1/8/13, included a plan of care for the certification period 4/28/15 - 6/26/15, that identified the patient received skilled nurse and home health aide services. The record failed to evidence any coordination of care between these disciplines for the duration of the patient's service. 2. On 5/26/15 at 10:50 AM, employee A, administrator, agreed there was no documentation in the patient's record of coordination of care between the disciplines. 3. Agency policy titled " Care Coordination ", dated 10/2001, states, " When more than one service is provided to the patient, whether directly or through contract, the actions and goals of the services must be complementary and reflect coordinated planning ... Case 	N 484	<p>June 18, 2015 a mandatory meeting will be held to educate each staff member to document all case communications on each patient utilizing the format of "Case Communication" in the EMR and sending to all staff, physicians, case manager, and treatment centers associated to the patient.</p> <p>June 18, 2015 the Home Health Administrator will provide EPIC training on choosing <u>New Other Contact</u> and selecting Case Communication as a contact. Demonstrate format to be used to communicate necessary patient information to other persons involved in patient's care; HH staff, physician, case manager, and treatment centers.</p> <p>Beginning 3rd Quarter of 2015 30 clinical records will be audited quarterly for evidence of case communication documentation . Audit results will presented quarterly at a general staff meeting.</p> <p>The Administrator of Home Health will be responsible for monitoring the audits and implement corrective actions to ensure any deficiencies are corrected and will not recur.</p>	06/18/2015

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N 541 Bldg. 00	<p>communication will be documented in the clinical electronic medical record (EMR) to document care coordination ."</p> <p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs. Based on home visit observation, interview, and agency document review, the agency failed to ensure the registered nurse (RN), employee C, re-evaluated the patient's lungs during a visit that included draining the lung for 1 of 16 (#1) records reviewed.</p> <p>Findings 1. Home visit observation for patient #1 on 5/20/15 at 9:30 AM, employee C, RN, was observed taking the patient's, temperature, blood pressure, and radial pulse. Clinical record 1 evidenced a plan of care for the certification period 4/1/15 - 5/30/15 that identified the patient had a Pleurx drain which drained the patient's right lung. The RN did not assess or reevaluate the patient's lungs during this</p>	N 541	<p>May 28, 2015 the job description and assessment expectations were reviewed with Employee C. Employee C's compliance with policy and Job description will be monitored for 6 months by the Administrator and Home Health Educator/Quality Assurance Coordinator. During this 6 month period the audits will be monitored and corrective actions implemented for failure to comply to ensure any deficiencies are corrected and will not recur. June 8, 2015 the Home Health Administrator and the Education Coordinator revised Policy HH-IM_03 – Clinical Records – Documentation, section Clinical Documentation outlining expectations for all disciplines to perform and document at routine visits. HH-IM_03 is in the approval process and anticipate finalizing by June 30, 2015. Assessment education and</p>	07/31/2015

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	<p>visit.</p> <p>2. Interview on 5/26/15 at 3:15 PM, employee C indicated the lungs were not assessed because he/she had just seen the patient on 5/18/15.</p> <p>3. Agency document titled "Job Description ", signed by employee C on 9/10/12, states, "Job Title: Registered Nurse ... Assesses, evaluates, interprets and documents the patient ' s physical and mental status. ..."</p>		<p>review of policy revision HH-IM_03 will be provided for all staff. July 2015 will be the month when a mandatory meeting will be held to educate each staff member. *Attached HH-IM_03 – Clinical Records - Documentation</p>		