

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157635	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/24/2014
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NAME OF PROVIDER OR SUPPLIER SELECT HOME HEALTH SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 121 PENN STREET WESTFIELD, IN 46074
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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
N000000	<p>This visit was a state Home Health complaint investigation survey.</p> <p>Complaint: IN00146167 - Unsubstantiated: Allegation did not occur. One unrelated deficiency is cited.</p> <p>Survey dates: March 20-21 and 24, 2014</p> <p>Facility number: 012550</p> <p>Medicaid Number: 201051860A</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 26, 2014</p>	N000000		

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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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> <p>(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:</p> <p>(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> <p>Based on clinical record review, policy review, and interview the agency failed to ensure the Plan of Care was produced in 1 of 3 clinical records reviewed with the potential to affect all patients receiving services from the agency. (#1)</p> <p>Findings include:</p> <p>1. The policy titled "Care Planning" with a policy number 6.016.1 undated states, "The following documents will</p>	N000524	N524 The Director of Nursing created the deficient Form CMS-485 3/26/2014 for the 3/12/2014 admission following determination that the deficient patient record was a new admission as opposed to a Resumption of Care related to a LUPA discharge from the agency 2/13/2014 and within 60 days from the original 1/22/2014 admission date following collaboration with the Indiana Home Health and Hospice Association and the Indiana State	03/26/2014			

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	<p>collectively be known as the care planning process, including but not limited to: 1. Plan of Care/Treatment, or payor [sic] -specific Plan of Care forms."</p> <p>2. Clinical record #1, Start of Care 3/12/14, included a Discharge Summary with a discharge date of 2/13/14. The record evidenced the patient returned to the agency on 3/12/14. The record failed to evidence a new POC for the 3/12/14 start of care date.</p> <p>3. During an interview on 3/21/14 at 2:00 PM, employee A, Administrator, indicated the agency had not created a plan of care for the 3/12/14 admission.</p>		<p>Department of Health OAHIS Help Desk. Patients' physicians will be contacted to establish a plan of care following clinician assessments for each episode. Form CMS-485 will be confirmed as created for all home health episodes prior to billing. The Director of Nursing will be responsible for monitoring initial establishment of plan of care with patients' physicians and the Administrator will be responsible for monitoring that Form CMS-485 is created for each home health episode prior to billing to ensure that this deficiency is corrected and will not recur.</p>		