

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157564	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/14/2013
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NAME OF PROVIDER OR SUPPLIER  CARE A LOT HOMECARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 E MEMORIAL DR MUNCIE, IN 47302
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G0000	<p>This visit was a home health agency federal recertification survey. This survey was partially extended on 2/13/13 at 4:30 PM and fully extended on 2/14/13 at 9:30 AM.</p> <p>Survey Dates: February 11, 12, 13, and 14, 2013</p> <p>Facility #: 004565</p> <p>Medicaid Vendor #: 200524720A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Facility Census Skilled Patients 163 Home Health Aide Only Patients 12 Personal Service Only Patients 11 Total 186</p> <p>Care A Lot Homecare Services Inc is precluded from providing their own training and competency evaluation program for a period of 2 years beginning February 18, 2013, to February 18, 2015, for being found out of compliance with the Conditions of Participation 484.16:</p>	G0000	<p>Please accept this Plan of Correction and let it serve as this Agency's Credible Allegation of Compliance as well. I, Cory McConnell, as Agency Administrator and Owner, hereby attest to the validity and accuracy of the statements herein. We have taken great measure to ensure those Conditions of Participation, <u>484.16: Group of Professional Personnel</u>, <u>484.18: Acceptance of Patients</u>, <u>Plan of Care, and Medical Supervision</u>, <u>484.36: Home Health Aide Services</u>, and <u>484.52: Evaluation of the Agency's Program</u> identified during the survey have been addressed and rectified as of the date of this Plan of Correction.</p>	
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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>Group of Professional Personnel; 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision; 484.36: Home Health Aide Services; and 484.52: Evaluation of the Agency's Program.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 18, 2013</p>				

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G0116	<p>484.10(f) HOME HEALTH HOTLINE The patient has the right to be advised of the availability of the toll-free HHA hotline in the State.</p> <p>When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the State, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirements.</p> <p>Based on clinical record and patient rights document review and interview, the agency failed to ensure the patient had been informed of the toll-free home health hotline for the state of Indiana in 12 of 12 clinical records reviewed with the potential to affect all the agency's patients. (#1-12)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of patient rights document failed to evidence the patients was informed of the toll-free home health hotline for the state of Indiana.</li> <li>2. Clinical records 1-12 evidenced patients had signed they had received the patient rights document.</li> </ol>	G0116	<p>Pursuant G 0116 and 484.10(f) HOME HEALTH HOTLINE. Agency did copy its policy C-380 "Patient Bill of Rights /Grievance Procedure" which contains the additional information of the Indiana State Specific Home Health Hotline and insert into all new admission packets. Agency understands and is agreement that the patient has the right to be advised of the availability of the toll-free HHA hotline in the State. When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the State, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints</p>	03/14/2013			

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	3. On November 10, 2010, at 9:35 AM, the Administrator indicated they had purchased a prepackaged document for their admission packet and this particular right was not in the packet.		concerning the implementation of the advanced directives requirements. As such, Agency has ensured that the following information is given to all new patients upon admission and Administrator will review future Admission packets prior to their use and is in the process of providing all existing patients during routine visits by a nurse (by March 15th,2013) a copy of the information as well. Agency will document patient understanding, and receipt by Patient signature. The information the Agency has provided is as follows; <b>The Office of Health Facilities Complaints/Home Health Agency Hotline: 1-800-227-6334 State Department of Health: (317) 233-1325</b> f you have a complaint about the agency or individuals providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, State Department of Health. <b>Office of Health Facility Complaints, State Department of Health Address:_____2 North Meridian Street, Indianapolis, IN 46204_____ Consumers may call:_____317-233-7241_ or _800-227-6334_____ Toll Free Home Care Hotline:_____800-227-6334_ _____ Hours of Service:_8:15am -4:45pm M-F__ and 24/7</b>		

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			Voicemail _____ Local Phone Number: <u>317-233-7241</u> or <u>800-227-6334</u>		

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G0121	<p><b>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</b> 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 observation, interview, and review of policies, the agency failed to ensure the staff followed professional standards in providing home health services safely during 4 of 6 home visits with the potential to affect all 85 patients of the agency. (1, 3, 5, and 6)</p> <p>Findings:</p> <p>1. During a home visit to patient # 1 on 2/12/12 at 8:15 AM, the home health aide, Employee C , was observed giving a bath with the patient sitting on a bedside commode. The commode was located across the room from the patient with the bath supplies and clothes located on the dresser next to the commode. The aide had the patient stand, without a gait belt, and shuffle walk to the commode. While the patient was facing the commode, and about 18 in to 2 ft from the commode, the aide pulled the patients attends down around the ankles. The aide had the patient then pivot with the attends around the ankle and shuffle backwards to the commode. The patient was very unstable.</p>	G0121	Pursuant G 0121 and 484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD, The Agency understands that its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an Home Health Agency. To ensure Agency personnel are knowledgeable and adept at carrying out services efficiently, effectively, and safely those aides that were observed during the survey were debriefed immediately on 02/15/2013 as to proper technique for bathing and transfers procedure and professionalism by the Director of Nursing. As of 02/27/2013 all Aide staff have watched video demonstration of Bed Bath technique and received handouts as provided from the website <a href="http://www.nursingassistanteducation.com">http://www.nursingassistanteducation.com</a> which identifies how to give a bed bath and includes instructions on performing perineal care for men and women who do not have a perineal catheter. The DVD Video resource was from Thomson and Delmar Learning series entitled "Basic Skills for Home Care Aides," " Personal	02/28/2013			

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	<p>The aide had one pan of water. She washed the face and upper torso. The aide dressed the upper torso area. The aide washed the feet and legs. The aide started talking, by name, about another patient the agency has. Without changing the water, the aide washed the outer peri area. This patient was incontinent of stool and urine and the aide at no time completely washed the patient's inner perineal area or bottom. The aide put a new attends and pants around the patient's ankles and put socks on the patient. The aide had the patient stand and, with the attends and pants around the ankles, attempt to have the patient shuffle to the nearby recliner to hold on while the aide pulled the pants up. The patient was very unsteady and unsure and nervous about the procedure. The aide still had not put a gait belt on the patient. The aide escorted the patient to a recliner in the living room.</p> <p>Upon exiting the home at 9:25 AM, the DON indicated the aide had not given an appropriate bath and the patient had been unsteady and unsafe during the transfers.</p> <p>2. During a home visit to patient #3 on 2/12/13 at 9:45 AM, the home health aide, Employee F, was observed give a shower to a totally dependent multiple</p>		<p>Hygiene/Grooming and Personal Care." Furthermore, Agency is conducting an all staff inservice as of the date of the submission of this Plan of Correction on 02/28/2013 covering the following subject matter a.) Gait Belt usage via handouts, video, and live demonstrations b.) Various Transfers via video, handouts, and live demonstration c.) Safety d.) Bathing via video and handouts e.) HIPAA and f.) Proper Handwashing technique. Agency Administrator will assist as part of the Quality Improvement Committee to monitor the ongoing "Handwashing/Hand Hygiene" Quality Initiative throughout 2013, through use of RN supervisory visits, patient surveys and calls. Effective 02/04/13 Agency Administrator was in the process of hiring additional RN's and currently as of 02/20/13 is contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the various disciplines' including the Home Health Aides activities and the delivery of safe care to our patients. Director of Nursing with the additional help has been able to carry out supervisory duties in person at patient's residences, as have contract RN's. To assist with our PT or OT only cases the Director of Nursing did contact all</p>				

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	<p>sclerosis patient. The aide used a Med Care Stand II Total Support to lift the patient to a power wheelchair to transport the patient to the bathroom and then used the same lift to place the patient onto the seat of a sliding bath bench. Due to the size of the bathroom, the aide needed to move the wheelchair out of the bathroom and the lift away from the shower to give the shower. As the aide was doing this, which included leaving the bathroom, she did not put the safety straps on the shower seat around the patient. The patient had no muscle control.</p> <p>Upon exiting the home at 11:10 AM, the DON, indicated the aide had not used the shower seat safety straps and had left the patient in a unsafe situation while rearranging the equipment.</p> <p>3. During a home visit to patient #5 on 2/13/13 at 2:05 PM, the physical therapist (PT), Employee G, entered the home, greeted the patient, and pulled the blood pressure cuff and the ankle weights and ball for muscle strengthening from his bag. The PT did not clean the equipment before using it on the patient nor did he clean the equipment before putting it back into the bag.</p> <p>Upon exiting the home at 2:45 PM, the DON, Employee B, indicated the PT</p>		<p>therapy vendors on 02-24-13 and did address the need for those therapies to do supervisory visits weekly for the the time being on Home Health Aides. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The additional resources of the contracted RN's and Therapists have enabled Agency to get real time hands-on data regarding our staff's skills. This allows us to formulate appropriate inservices and continual educate our staff as well as provide increasingly safer care for our patients.</p>	

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	<p>should have cleaned the equipment before and after use with the patient.</p> <p>4. During a home visit with patient #6 on 2/13/13 at 5:52 PM, the registered nurse, Employee E, was observed to perform wound care on the right heel of the patient. The patient had very little muscle function in the lower extremities. The lighting in the living room was dim, so the patient's family member provided a flashlight used to entertain the dog. The registered nurse donned gloves without gathering all her supplies. She was in the supply sack, with her gloves on, twice. After cutting the Alginate for the wound, she handled the flashlight with her gloved hands and, without changing her gloves or sanitizing her hands, she put the Alginate into the wound transferring whatever was on the flashlight into the wound. She realized she did not have the wound cleanser, so she removed her gloves, found the cleanser, regloved without sanitizing her hands, and applied the wound cleanser to the wound so the Alginate would stick better. She then wrapped the heel with gauze and finished her visit.</p> <p>On 2/24/13 at 2:40 PM, the Director of Nursing, Employee B, indicated the Registered Nurse had not gathered her supplies before beginning the wound care</p>			

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	<p>and had broken technique several times.</p> <p>5. A policy titled "Handwashing/Hand Hygiene", D-330, effective 12/1/12, states, "3. Indications for hand washing and hand antisepsis: c. When there is prolonged or intense contact with the patient (bathing the patient). ... e. Before touching a wound. f. After removing gloves. g. After touching objects that are potentially contaminated."</p> <p>6. The website <a href="http://www.nursingassistanteducation.com">http://www.nursingassistanteducation.com</a> identifies how to give a bed bath and includes instructions on performing perineal care for men and women who do not have a perineal catheter. The instructions state, "Fill the bath basin with clean water at 110 degrees ... and wash, rinse and dry the rectal area." The instructions include specific instructions on how to wash the perineal area before the rectal area which are different for men and women.</p>			

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G0130	<p><b>484.14(b) GOVERNING BODY</b> The governing body arranges for professional advice as required under §484.16. Based on agency document and policy review and interview, the governing body failed to ensure there was a group of professional personnel in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had a group of professional personnel.</li> <li>On 2/14/13 at 1:20 PM, the Administrator, Employee A, indicated the agency did not have a group of professional personnel.</li> <li>A policy titled "Professional Advisory Board", B-180, dated 12/1/2012, states, "A group of professional personnel shall be established. This group shall meet frequently, at least annually."</li> </ol>	G0130	Pursuant G 0130 and condition 484.14 (b) GOVERNING BODY, The Administrator did immediately on 02/15/2013 begin forming a Professional Advisory Board to fulfill the requirements set forth in 484.14 (b) and 484.16. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place (G 152) to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013 (G 153), and furthermore ensures that said group of professional personnel will continue to meet to advise the agency on an ongoing basis. The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community (G 154), and such meeting was documented with an agenda, report, and minutes (G 155). In addition to the community accounting professional (R.	02/22/2013	

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			Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-180, the Agency did meet at least annually on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review.		

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G0137	<p><b>484.14(c) ADMINISTRATOR</b> A qualified person is authorized in writing to act in the absence of the administrator.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure an alternate administrator was authorized to act in the absence of the administrator in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of agency documents failed to evidence the agency had an alternate administrator.</li> <li>2. A policy titled "Administrator Backup", A-120, dated 12/1/2012, states, "Statement of Responsibility: Administrator In compliance with established policy and in the event that the Administrator: [name of administrator] is not available, the designated, qualified backup: (area left blank) , will assume the duties and responsibilities of the Administrator."</li> <li>3. On 2/11/13 at 11:50 AM, the Administrator, Employee A, indicated he had not appointed an alternate administrator to act in his place.</li> </ol>	G0137	<p>Pursuant G 0137 and 484.14(c) ADMINISTRATOR, The Administrator did appoint on 02/22/2013 Amanda Gourley, as the Agency's Alternate Administrator. Amanda's resume demonstrates nearly 5 years of facility related management and oversight and the Administrator believes that Amanda's 17 years of healthcare related experience from Home Health Aide to Management will prove useful in providing insite and direction for our Agency. On 02/24/2013 Administrator did transmit via email, the Alternate Administrator's resume, TB, Criminial Background check and related material substantiating her qualifications to the Indiana State Department of Health. Administrator did receive confirmation that the material was received on 02/24/2013. On 02/25/2013, Amanda did sign the Agency's policy A-120 "Administrator Backup Statement of Responsibility agreeing to be designated as the qualified backup for the Administrator.</p>	02/22/2013	

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G0145	<p><b>484.14(g)</b> <b>COORDINATION OF PATIENT SERVICES</b> A written summary report for each patient is sent to the attending physician at least every 60 days.</p> <p>Based on agency document and policy review and interview the agency failed to ensure a written summary was sent to the attending physician at least every 60 days in 12 of 12 clinical records reviewed of patients receiving services longer than 60 days with the potential to affect all patients who receive services longer than 60 days.</p> <p>Findings.</p> <ol style="list-style-type: none"> <li>1. A policy titled "Physician Summary", C-650, dated 12/1/2012, states, "A summary report will be provided to the physician no less than every sixty (60) days."</li> <li>2. On 2/14/13 at 2:50 PM, the Director of Nursing, Employee B, indicated physician summaries had not been completed for any patient.</li> <li>3. Clinical records 1-12 failed to evidence any summary reports had been completed.</li> </ol>	G0145	<p>Pursuant G 0145 484.14(g) COORDINATION OF PATIENT SERVICES, as set forth in Agency policy titled "Physician Summary", C-650, dated 12/1/2012 "A summary report will be provided to the physician no less than every sixty (60) days." Agency Administrator and Agency Director of Nursing will now include 60-day Physician Summary's on every 485 generated by the Agency on the first page of the 485 in the comment/goal section at bottom of page. The line "60-day Physician Care Summary" will be added along with a summarized written report will be included. All 485's are faxed to Patient Physician Offices every 60 day's at time of recertification's/start of care's. Fax confirmations are maintained in a log in Agency office. Unsigned 485's are tracked by log and called on by Agency Administrative LPN each week. Alternate Administrator will monitor new 485's being generated every thirty days for next 2 months to ensure compliance, and periodically thereafter.</p>	03/01/2013			

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G0151	<p><b>484.16</b> <b>GROUP OF PROFESSIONAL PERSONNEL</b> Based on agency document and policy review and interview, it was determined the agency failed to ensure they had a group of professional personnel in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 152), failed to ensure they had a group of professional personnel who had annually reviewed the agency's policies in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 153), failed to ensure they had a group of professional personnel that met frequently to advise the agency, to evaluate the agency's program, and to assist in maintaining liaison with other health care providers in the community in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 154), and failed to ensure they had a group of professional personnel whose meetings were documented with dated minutes in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 155).</p> <p>The cumulative effect of these systemic problems resulted in the agency being out of compliance with the Condition of Participation 484.16: Group of Professional Personnel.</p>	G0151	<p>Pursuant G 0151 and CONDITION 484.16 GROUP OF PROFESSIONAL PERSONNEL, The Administrator did immediately on 02/15/2013 begin forming a Professional Advisory Board to fulfill the requirements set forth in 484.16. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place (G 152) to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/2013 (G 153), and furthermore ensures that said group of professional personnel will continue to meet to advise the agency on an ongoing basis. The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community (G 154), and such meeting was documented with an agenda, report, and minutes (G 155). In addition to the community accounting professional (R.</p>	02/26/2013	

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			Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN.		

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G0152	<p><b>484.16</b> <b>GROUP OF PROFESSIONAL PERSONNEL</b> 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 agency document and policy review and interview, the agency failed to ensure they had a group of professional personnel in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had a group of professional personnel.</li> <li>2. On 2/14/13 at 1:20 PM, the Administrator, Employee A indicated the agency did not have a group of professional personnel.</li> <li>3. A policy titled "Professional Advisory Board", B-180, dated 12/1/2012, states, "A group of professional personnel shall be established. This group shall meet frequently, at least annually."</li> </ol>	G0152	<p>Pursuant G 0151 and condition 484.16 GROUP OF PROFESSIONAL PERSONNEL, The Administrator did immediately on 02/15/2013 begin forming a Professional Advisory Board to fulfill the requirements set forth in 484.16. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place (G 152) to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013 (G 153), and furthermore ensures that said group of professional personnel will continue to meet to advise the agency on an ongoing basis. The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community (G 154), and such</p>	02/26/2013	

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			meeting was documented with an agenda, report, and minutes (G 155). In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-180, the Agency did meet on 02/26/2013.		

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G0153	<p><b>484.16 GROUP OF PROFESSIONAL PERSONNEL</b> The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure they had a group of professional personnel who had annually reviewed the agency's policies in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had a group of professional personnel.</li> <li>On 2/14/13 at 1:20 PM, the Administrator, Employee A indicated the agency did not have a group of professional personnel.</li> <li>A policy titled "Professional Advisory Board", B-180, dated 12/1/2012, states, "A group of professional personnel shall be established. This group shall meet</li> </ol>	G0153	Pursuant G 0151 and condition 484.16 GROUP OF PROFESSIONAL PERSONNEL, The Administrator did immediately on 02/15/2013 begin forming a Professional Advisory Board to fulfill the requirements set forth in 484.16. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place (G 152) to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013 (G 153), and furthermore ensures that said group of professional personnel will continue to meet to advise the agency on an ongoing basis. The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community	02/26/2013	

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	frequently, at least annually."		physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community (G 154), and such meeting was documented with an agenda, report, and minutes (G 155). In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review.		

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G0154	<p><b>484.16(a)</b> <b>ADVISORY AND EVALUATION FUNCTION</b> 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 agency document and policy review and interview, the agency failed to ensure they had a group of professional personnel that met frequently to advise the agency, to evaluate the agency's program, and to assist in maintaining liaison with other health care providers in the community in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had a group of professional personnel.</li> <li>2. On 2/14/13 at 1:20 PM, the Administrator, Employee A indicated the agency did not have a group of professional personnel.</li> <li>3. A policy titled "Professional Advisory Board", B-180, dated 12/1/2012, states, "A group of professional personnel shall be established. This group shall meet frequently, at least annually."</li> </ol>	G0154	<p>Pursuant G 0154 and condition 484.16 (a) ADVISORY AND EVALUATION FUNCTION, The The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community (G 154), and such meeting was documented with an agenda, report, and minutes (G 155). In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an</p>	02/26/2013	

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			Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-180, the Agency did meet at least annually on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review.		

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G0155	<p><b>484.16(a)</b> <b>ADVISORY AND EVALUATION FUNCTION</b> The group of professional personnel's meetings are documented by dated minutes. Based on agency document and policy review and interview, the agency failed to ensure they had a group of professional personnel whose meetings were documented with dated minutes in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had a group of professional personnel.</li> <li>On 2/14/13 at 1:20 PM, the Administrator, Employee A indicated the agency did not have a group of professional personnel.</li> <li>A policy titled "Professional Advisory Board", B-180, dated 12/1/2012, states, "A group of professional personnel shall be established. This group shall meet frequently, at least annually."</li> </ol>	G0155	<p>Pursuant G 0155 and condition 484.16 (a) ADVISORY AND EVALUATION FUNCTION, The The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community (G 154), and such meeting was documented with an agenda, report, and minutes (G 155). In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-180, the Agency did meet at least annually on 02/26/2013. Care-A-Lot</p>	02/26/2013			

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			Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review.		

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G0156	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Based on clinical record and policy review and interview, it was determined the agency failed to ensure therapy evaluations were completed timely, orders were present to admit the patient to home care services and to continue home care services, and visits and treatments were made as ordered on the plan of care for 12 of 12 clinical records reviewed creating the potential for treatment omission and patient harm affecting all 85 patients of the agency (See G 158), failed to ensure the plan of care included the frequency of visits for therapy services in 3 of 6 records reviewed of patients receiving therapy services with the potential to affect all therapy patients (See G 159), failed to ensure orders for therapy services included the specific procedures and modalities to be used and the amount, frequency, and duration in 3 of 6 records reviewed of patients receiving therapy services with the potential to affect all therapy patients (See G 161), and failed to ensure treatments were carried out in 1 of 1 record reviewed with an order for a venipuncture with the potential to affect all 85 patients of the agency (See G 165).</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability</p>	G0156	<p>Pursuant G 0156 and 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER, The Agency recognizes there were systemic issues with regards to therapy orders. Agency attests that it has rectified this CONDITION as the Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The Agency also accepted the resignation of its staff PT 02-25-13. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding same documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators</p>	02/27/2013	

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	to provide safe patient care and being out of compliance with the Condition of Participation 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision.		for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Additional documentation education was provided 02-27-13 to OT and PT disciplines. Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well. All therapists are providing office with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. This will help to avoid "service on hold" issues as		

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			well. These culmulative efforts have "pulled therapists" and their services back into the Agency and the Director of Nursing. The Agency is in the process of hiring additional RN's and currently contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the therapists activities and the delivery of safe care to our patients. Director of Nursing is aware of Agency policy C-180 "Plan of Care," policy C-630 "Services on Hold," and with the additional help has been able to monitor and maintain said policies. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services.		

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G0158	<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 clinical record and policy review and interview, the agency failed to ensure therapy evaluations were completed timely, orders were present to admit the patient to home care services and to continue home care services, and visits and treatments were made as ordered on the plan of care for 12 of 12 clinical records reviewed creating the potential for treatment omission and patient harm affecting all 85 patients of the agency. (# 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12)</p> <p>Findings include:</p> <p>1. Clinical record 1, start of care (SOC) 9/17/12, failed to evidence a physician order to continue the patient for home care services for the second certification period.</p> <p>A. The record evidenced verbal orders for Occupational Therapy (OT) dated 11/20/12, electronically signed by OT 12/3/12, 2 times a week for 8 weeks. The clinical record failed to evidence two</p>	G0158	<p>Pursuant G 0158 and 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER, The Agency recognizes there were systemic issues with regards to therapy orders. Agency attests that it has rectified this CONDITION as the Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The Agency also accepted the resignation of its staff PT 02-25-13. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding same documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration.</p>	02/27/2013	

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	<p>visits week 8 and week 9 (The visits began week 2.).</p> <p>B. The record evidenced verbal orders for Physical Therapy (PT) 1 time a week for 1 week then 2 times a week for 7 weeks to begin 11/14/12, electronically signed by PT 11/26/12. The record failed to evidence two visits week 5.</p> <p>2. Clinical record 2, SOC 11/16/12, failed to evidence a physician order to initiate home care services.</p> <p>A. The plan of care dated 11/16/12 to 1/14/13 evidenced an order for "Physical Therapy for Evaluation and Treatment. Therapist to determine Frequency, Plan of care and Goals." The Physical Therapist completed the evaluation on 12/12/12, 26 days after the start of care, and recommended a frequency of 2 times a week times 7 weeks on the evaluation. The clinical record failed to evidence the physical therapist received a verbal order from the physician for a late evaluation or for the frequency identified on the evaluation. The record failed to evidence 2 visits on weeks 7, 8, and 9 of the certification period.</p> <p>B. The plan of care also evidenced a order for "Occupational Therapy for Evaluation and Treatment. Therapist to</p>		<p>Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Additional documentation education was provided 02-27-13 to OT and PT disciplines. Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well. All therapists are providing office with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare</p>		

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	<p>determine Frequency, Plan of care and Goals." The Occupational Therapist completed the evaluation on 12/20/12, 34 days after the start of care, and recommended a frequency of 2 times a week times 8 weeks on the evaluation. The clinical record failed to evidence the occupational therapist received a verbal order from the physician for a late evaluation or for the frequency identified on the evaluation. The record failed to evidence 2 visits on week 9 of the certification period.</p> <p>C. The plan of care evidenced a order for "MSW [Master of Social Work] to evaluate and Treat, will determine frequency, plan of care and goals." The clinical record failed to evidence the social worker completed the evaluation.</p> <p>3. Clinical record 3, SOC 2/4/09, failed to evidence a physician order to continue home care services for the certification period dated 11/15/12 to 1/13/13. The plan of care evidenced an order for skilled nurse 1 time a month for supervision. The clinical record failed to evidence a supervisory visit in November and January.</p> <p>4. Clinical record 4, SOC 12/5/12, failed to evidence a physician order to initiate home care services. The plan of</p>		<p>scheduled frequency with current order, goals, and missed visit documentation. This will help to avoid "service on hold" issues as well. These culmulative efforts have "pulled therapists" and their services back into the Agency and the Director of Nursing. The Agency is in the process of hiring additional RN's and currently contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the therapists activities and the delivery of safe care to our patients. Director of Nursing is aware of Agency policy C-180 "Plan of Care," policy C-630 "Services on Hold," and with the additional help has been able to monitor and maintain said policies. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services.</p>				

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	<p>care dated 12/5/12 to 2/2/13 evidenced physician orders for home health aides 2 times a week for 1 week then 3 times a week for 8 weeks. The clinical record failed to evidence 3 visits for week 3 and week 4.</p> <p>5. Clinical record 5, SOC 9/21/12, failed to evidence a physician order to continue home care services for the certification period dated 11/20/12 to 1/18/13.</p> <p>A. The plan of care dated 11/20/12 to 1/18/13 evidenced physician orders for physical therapy 3 times a week for 8 weeks ending 1/12/13. The clinical record failed to evidence 3 visits weeks 1, 6, and 7. The record evidenced a physical therapy visit was made on 1/16/13. The record failed to evidence an order for this visit.</p> <p>B. The plan of care evidenced physician orders for occupational therapy 1-2 times a week for 8 weeks. The clinical record evidenced 3 visits week 2 without a physician order for the extra visit.</p> <p>6. Clinical record 6, SOC 6/12/12, failed to evidence a physician order to continue home care services for the certification period dated 12/9/12 to 2/6/13.</p>				

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	<p>The plan of care dated 12/9/12 to 2/6/13 evidenced a physician order for home health aide services 5 times a week for 9 weeks. The record failed to evidence 5 visits were made any of the weeks.</p> <p>7. Clinical record 7, SOC 8/14/12, failed to evidence a physician order to continue home care services for the certification period 11/13/12 to 1/11/13.</p> <p>A. The clinical record evidenced a physician order dated 11/13/2012, signed by the physical therapist 11/20/2012, for visits 2 times a week for 8 weeks. The clinical record evidenced 3 visits on week 2. The record failed to evidence 2 visits on week 8 and evidenced 2 visits on week 9, after the physician orders had expired.</p> <p>B. The clinical record evidenced a physician order for home health aides 2 times a week for 8 weeks, beginning week 2. The clinical record evidenced 2 visits during week 1 and failed to evidence 2 visits during week 2.</p> <p>8. Clinical record 8, SOC 6/22/12, failed to evidence a physician order to continue home care services for the certification period 12/19/12 to 2/16/13.</p>			

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	<p>The plan of care dated 12/19/12 to 2/16/13 evidenced a physician order for "Physical Therapy Services to continue. Therapist to determine frequency, plan of care and goals." The clinical record evidenced an internal physician order Page 1 of 1 for a begin date of 12/19/12, with an electronic signature date by the physical therapist of 1/7/13, for 2 times a week for 8 weeks. The record failed to evidence a verbal order from the physician for the order. The clinical record evidenced an internal note on 1/21/12 that the physical therapist was placing the patient on hold, but the clinical record failed to evidence a verbal order from the physician for the hold. The record failed to evidence the physical therapist saw the patient after week 4.</p> <p>9. Clinical record 9, SOC 3/5/12, failed to evidence a physician order to continue home care services for the certification period 12/30/12 to 2/27/13.</p> <p>A. The plan of care dated 12/30/12 to 2/27/13 evidenced a physician order for the skilled nurse to perform venipuncture every 3 months and obtain CBC with DIFF, Folate, Vitamin B12 and CMP. The clinical record evidenced the lab drawn in the physician office on 11/12/12, but the Folate and CMP had not been drawn. The skilled nurse was to obtain</p>						

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	<p>the order and draw the Folate and CMP in the home. The clinical record failed to evidence this venipuncture was completed.</p> <p>B. The plan of care evidenced a physician order for home health aide services 5 times a week times 9 weeks. The clinical record failed to evidence 5 visits were made weeks 1, 4, 5, and 6.</p> <p>10. Clinical record 10, SOC 4/5/12, failed to evidence a physician order to continue home care services for the certification period 8/3/12 to 10/1/12.</p> <p>11. Clinical record 11, SOC 5/15/12, failed to evidence a physician order to continue the patient for home care services for the certification period 7/24/12 to 9/21/12.</p> <p>A. The plan of care dated 7/24/12 to 9/21/12 evidenced a physician order for home health aides 2 times a week for 9 weeks. The clinical record evidenced the home health aide made 4 visits week 2, 3, and 4 and 3 visits during week 5.</p> <p>B. The plan of care evidenced a physician order for homemaker services for 3 times a week for 9 weeks. The clinical record failed to evidence 3 visits weeks 2, 3, 4, and 5.</p>			

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	<p>C. The record evidenced a physician order for a physical therapy evaluation on 8/29/12. The clinical record failed to evidence the evaluation was done.</p> <p>12. Clinical record 12, SOC 10/10/12, failed to evidence a physician order to initiate home care services.</p> <p>A. The record evidenced a social worker evaluation completed on 10/24/12, but the plan of care does not evidence a physician order for the visit.</p> <p>B. The plan of care dated 10/10/12 to 12/8/12 evidenced a physician order for home health aide 2 times week for 1 week, then 5 times a week for 2 weeks, then 3 times week for 3 weeks, and then 2 times a week for 3 weeks. The clinical record evidenced 5 visits during week 4, 5, and 6.</p> <p>13. A policy titled "Plan of Care", C-180, effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician."</p> <p>14. A policy titled "Services on Hold", C-630, effective 12/1/12, states, "1. When services are suspended the Director of Nursing or designee will place the</p>				

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	<p>services "on hold" with a reason identified. 2. The physician will be notified of the change in condition or circumstances precipitating the change. Physician orders will be obtained if there is a change in the care or treatments to be provided."</p> <p>15. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the plans of care were not followed and orders were not obtained to initiate or continue home care services.</p>			

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G0159	<p><b>484.18(a)</b> <b>PLAN OF CARE</b> 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 and policy review and interview, the agency failed to ensure the plan of care included the frequency of visits for therapy services in 3 of 6 records reviewed of patients receiving therapy services with the potential to affect all therapy patients. (# 1, 2, and 8)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 1, start of care (SOC) 9/17/12, included a plan of care dated 12/18/12 through 2/15/12 that failed to evidence physical therapy frequency.</li> <li>2. Clinical record 2, SOC 11/16/12, included a plan of care dated 11/16/12 to 1/14/13 that failed to evidence physical therapy frequency or an occupational therapy frequency.</li> <li>3. Clinical record 8, SOC 6/22/12, included a plan of care dated 12/19/12 to 2/16/13 that failed to determine the</li> </ol>	G0159	Pursuant G 0159 and 484.18(a) PLAN OF CARE, The Agency recognizes there were systemic issues with regards to therapy orders. Agency attests that it has rectified this CONDITION as the Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The Agency also accepted the resignation of its staff PT 02-25-13. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding same documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were	02/27/2013			

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	<p>frequency for physical therapy or occupational therapy.</p> <p>4. A policy titled "Plan of Care", C-180, effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician. ... Special Instructions 2. The Plan of care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services."</p> <p>5. On 2/24/13, from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated records did not include the frequency of therapy services.</p>		<p>established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Additional documentation education was provided 02-27-13 to OT and PT disciplines. Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well. All</p>		

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			therapists are providing office with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. This will help to avoid "service on hold" issues as well. These culmulative efforts have "pulled therapists" and their services back into the Agency and the Director of Nursing. The Agency is in the process of hiring additional RN's and currently contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the therapists activities and the delivery of safe care to our patients. Director of Nursing is aware of Agency policy C-180 "Plan of Care," policy C-630 "Services on Hold," and with the additional help has been able to monitor and maintain said policies. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services.	

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G0161	<p><b>484.18(a)</b> <b>PLAN OF CARE</b> Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration. Based on clinical record and policy review and interview, the agency failed to ensure orders for therapy services included the specific procedures and modalities to be used and the amount, frequency, and duration in 3 of 6 records reviewed of patients receiving therapy services with the potential to affect all therapy patients. (# 1, 2, and 8)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 1, start of care (SOC) 9/17/12, included a plan of care dated 12/18/12 through 2/15/12 that failed to evidence physical therapy frequency.</li> <li>2. Clinical record 2, SOC 11/16/12, included a plan of care dated 11/16/12 to 1/14/13 that failed to evidence physical therapy frequency or an occupational therapy frequency.</li> <li>3. Clinical record 8, SOC 6/22/12, included a plan of care dated 12/19/12 to 2/16/13 that failed to determine the frequency for physical therapy or occupational therapy.</li> <li>4. A policy titled "Plan of Care", C-180,</li> </ol>	G0161	Pursuant G 0161 and 484.18(a) PLAN OF CARE, The Agency recognizes there were systemic issues with regards to therapy orders. Agency attests that it has rectified this CONDITION as the Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The Agency also accepted the resignation of its staff PT 02-25-13. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding same documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with	02/27/2013

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	<p>effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician. ... Special Instructions 2. The Plan of care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services."</p> <p>5. On 2/24/13, from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated records did not include the frequency of therapy services.</p>		<p>frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Additional documentation education was provided 02-27-13 to OT and PT disciplines. Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well. All therapists are providing office with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit</p>		

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			documentation. This will help to avoid "service on hold" issues as well. These culmulative efforts have "pulled therapists" and their services back into the Agency and the Director of Nursing. The Agency is in the process of hiring additional RN's and currently contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the therapists activities and the delivery of safe care to our patients. Director of Nursing is aware of Agency policy C-180 "Plan of Care," policy C-630 "Services on Hold," and with the additional help has been able to monitor and maintain said policies. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services.	

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G0165	<p><b>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS</b> Drugs and treatments are administered by agency staff only as ordered by the physician. Based on clinical record review and interview, the agency failed to ensure treatments were carried out in 1 of 1 record reviewed with an order for a venipuncture with the potential to affect all 85 patients of the agency. ( 9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 9, SOC 3/5/12, had a plan of care dated 12/30/12 to 2/27/13 that evidenced a physician order for the skilled nurse to perform venipuncture every 3 months and obtain CBC with DIFF, Folate, Vitamin B12 and CMP. The clinical record evidenced a lab drawn in the physician office on 11/12/12, but the Folate and CMP had not been drawn and the skilled nurse was to obtain the order and draw the Folate and CMP in the home. The clinical record failed to evidence the Folate and CMP were drawn.</li> <li>2. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the record did not evidence the lab had been drawn.</li> </ol>	G0165	Pursuant G 0165 and 484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS, The Agency attests that it has rectified this CONDITION on 2-25-13 the Agency Administrator and Agency Director of Nursing advised all disciplines involved with orders of Agency standing policy regarding documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include those specific types or procedures to be provided as set forth by a patient's physician inclusive of modalities to be used and the amount, frequency, and duration for therapy services. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours.	02/25/2013

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			Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well. All nursing staff and therapists are providing office with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. This will help to avoid "service on hold" issues as well. The Agency is in the process of hiring additional RN's and currently contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the various disciplines' activities and the delivery of safe care to our patients. Director of Nursing is aware of Agency policy C-180	

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			"Plan of Care," policy C-630 "Services on Hold," and with the additional help has been able to monitor and maintain said policies. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services.		

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G0190	<p><b>484.32(a) SUPERVISION OF PHYSICAL &amp; OCCUPATIONAL</b> Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist. Based on clinical record review and interview, the agency failed to ensure the occupational therapist supervised the occupational therapy assistant (COTA) in 1 of 1 records reviewed of patients receiving services from a COTA with the potential to affect all patients receiving occupational therapy. (1)</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 9/17/12, evidence a plan of care for 11/16/12 to 1/14/13 orders for occupational therapy 2 times a week for 8 weeks starting 11/29/12. The record evidenced the COTA made visits for over 30 days: 12/3/12, 12/4/12, 12/10/12, 12/12/12, 12/27/12, 12/28/12, 1/7/13, 1/8/13, and 1/14/13, but there was no evidence of supervision from the supervising Occupational Therapist.</p> <p>2. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12</p>	G0190	Pursuant G 0190 and 484.32(a) SUPERVISION OF PHYSICAL & OCCUPATIONAL, Agency attests that it has rectified this CONDITION as the Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements which did provide for vendors to provide the supervision of their assistants. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. All therapists (including their assistants) are providing office with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and supervisory documentation of the therapy assistants. Agency Administrator indicates the therapists have been receptive to correcting their documentation	02/25/2013			

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	clinical records, the Director of Nursing, Employee B, indicated the COTA had not been supervised.		going forward.	

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G0196	<p><b>484.34</b> <b>MEDICAL SOCIAL SERVICES</b> The social worker participates in the development of the plan of care. Based on the clinical record and policy review and interview, the agency failed to ensure the social worker participated in the development of the plan of care in 1 of 3 records reviewed of patients receiving social worker services with the potential to affect all patients with social worker services. (2)</p> <p>Findings.</p> <p>1. Clinical record 2, start of care (SOC) 11/16/12, included a plan of care dated 11/16/12 to 1/14/13 with orders for the "MSW [Master of Social Work] to evaluate and Treat, will determine frequency, plan of care and goals." The record failed to evidence the social worker completed the evaluation.</p> <p>2. A policy titled "Plan of Care", C-180, effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician. ... Special Instructions 2. The Plan of care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services. ... d. Specific procedures and modalities for therapy services. e. Diagnostic tests, including laboratory and x-rays. ... 7. The</p>	G0196	<p>Pursuant G 0196 and 484.34 MEDICAL SOCIAL SERVICES, The Agency recognizes there were systemic issues with regards to orders. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Social Worker is participating in the plan of care by documenting orders in Agency system and forwarding via Agency email to Director of Nursing for review prior to contacting the physician. Effective 02-25-13 100% of all discipline orders, inclusive of social work are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline via email with either changes or approval for them to contact the</p>	02/25/2013	

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	<p>patient, Therapist, and other agency personnel shall participate in developing the Plan of Care. The patient shall be informed of any changes in the Plan of Care. 9. Professional staff shall promptly alert the physician to any changes that suggest a need to alter the plan of Care. 10. Verbal/telephone orders shall be obtained from the patient's physician for changes in the Plan of Care."</p> <p>3. A policy titled "Medical Social Services", C-260, effective 12/1/12 states, "1. Referral for Medical Social Services may include, but is not limited to: ... f. Participating in Plan of Care development, care conferences, discharge planning, in-service programs, and acting as a resource to other members of the health care team."</p> <p>4. On 2/24/13, from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the record did not evidence the social worker did the evaluation.</p>		<p>physician for a verbal order within 24 hours. The Director of Nursing will carbon copy via email all orders requesting Social Work to Administrator and Alternate Administrator for Alternate Administrator to followup with Social Worker to ensure visits are maintained. Administration will continue such protocol until such time as social worker can effectively and efficiently and reliably produce consistent orders that are compliant. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well.</p>				

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G0202	<p><b>484.36</b> <b>HOME HEALTH AIDE SERVICES</b></p> <p>Based on clinical record and policy review and interview, it was determined the agency failed to ensure registered nurse or qualified therapist made a home health aide supervisory visit at least every 2 weeks in 7 of 8 records reviewed of patients receiving skilled and home health aide services with the potential to affect all patients that received skilled and home health aide services (See G 229) and failed to ensure the registered nurse made supervisory visits every 30 days as required by agency policy with the home health aide present in 2 of 2 records reviewed of patients receiving home health aide only services with the potential to affect all patients who receive home health aide only services (See G 230).</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure home health aides were qualified and safe to provide services and to meet the requirements of the Condition of Participation 484.36: Home Health Aide Services.</p>	G0202	<p>Pursuant G 0202 and 484.36 HOME HEALTH AIDE SERVICES, as well as per Agency internal policy C-340 titled "Home Health Aide Supervision", which states "When skilled services are being provided to a patient, a Registered Nurse/therapist must make a supervisory visit to the patient's residence at least every fourteen (14)days to assess relationship and determine whether goals are being met. b. Other skilled services ...but not skilled nursing: Supervision of Home Health Aides may be done by the appropriate Therapist at the patient's resident at least every two (2) weeks, or supervisory visits every 30 days as required by agency policy with the home health aide present when patients receiving are home health aide only services," is now being upheld by Agency as of 02/27/13. Effective 02/04/13 Agency Administrator was in the process of hiring additional RN's and currently as of 02/20/13 is contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the various disciplines' activities and the delivery of safe care to our patients. Director of Nursing with the additional help has been able</p>	02/27/2013	

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			to carry out, as have the contracted RN's, supervisory duties in person at patient's residences. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services. To assist with our PT or OT only cases the Director of Nursing did contact all therapy vendors on 02-24-13 and did address the need for those therapies to do supervisory visits weekly for the the time being on Home Health Aides. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The additional resources of the contracted RN's and Therapists have enabled Agency to attest to rectifying the CONDITION of 484.36 HOME HEALTH AIDE SERVICES at this time.	

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G0229	<p><b>484.36(d)(2) SUPERVISION</b> The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure registered nurse or qualified therapist made a home health aide supervisory visit at least every 2 weeks in 7 of 8 records reviewed of patients receiving skilled and home health aide services with the potential to affect all patients that received skilled and home health aide services. (1, 2, 4, 6, 7, 8, and 9)</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 9/17/12, evidence a plan of care dated 11/16/12 to 1/14/13 with orders for Occupational Therapist (OT), Physical Therapy (PT), and home health aide services. The record failed to evidence a therapist or the registered nurse made a home health aide supervisory visit.</p> <p>2. Clinical record 2, SOC 11/16/12, evidenced a plan of care dated 11/16/12 to 1/14/13 with orders for skilled nursing, home health aide, physical therapy, occupational therapy and social work services. The record failed to evidence a</p>	G0229	<p>Pursuant G 0229 and 484.36(d) (2) SUPERVISION, as well as per Agency internal policy C-340 titled "Home Health Aide Supervision", which states "When skilled services are being provided to a patient, a Registered Nurse/therapist must make a supervisory visit to the patient's residence at least every fourteen (14)days to assess relationship and determine whether goals are being met. b. Other skilled services ...but not skilled nursing: Supervision of Home Health Aides may be done by the appropriate Therapist at the patient's resident at least every two (2) weeks," is now being upheld by Agency as of 02/27/13. Effective 02/04/13 Agency Administrator was in the process of hiring additional RN's and currently as of 02/20/13 is contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the various disciplines' activities and the delivery of safe care to our patients. Director of Nursing with the additional help has been able to carry out supervisory duties in</p>	02/27/2013	

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	<p>skilled nurse supervisory visit was made between 11/16/12 to 12/12/12, a time frame of 27 days, and from 12/14/12 to 1/19/13, a time frame of 27 days.</p> <p>3. Clinical record 4, SOC 12/5/12, evidenced a plan of care dated 12/5/12 to 2/2/13 with orders for skilled nurse and home health aide services. The record failed to evidence a skilled nurse supervisory visit from 1/10/13 to 1/28/13, a time period of 18 days.</p> <p>4. Clinical record 6, SOC 6/12/12, evidenced a plan of care dated 12/9/12 to 2/6/13 with orders for skilled nurse and home health aide services. The record failed to evidence a skilled nurse supervisory visit from 12/29/12 to 1/30/13, a time period of 32 days.</p> <p>5. Clinical record 7, SOC 8/14/12, evidenced a plan of care dated 11/13/12 to 1/11/13 with orders for physical therapy and home health aide services. The clinical record failed to evidence the physical therapist or the registered nurse performed a supervisory visit of the home health at any time during the certification period.</p> <p>6. Clinical record 8, SOC 6/22/12, evidenced a plan of care dated 12/19/12 to 2/16/13 with orders for skilled nurse and</p>		<p>person, as have the contracted RN's, at patient's residences. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services. To assist with our PT or OT only cases the Director of Nursing did contact all therapy vendors on 02-24-13 and did address the need for those therapies to do supervisory visits weekly for the the time being on Home Health Aides. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The additional resources of the contracted RN's and Therapists have enabled Agency to attest to rectifying the CONDITION of 484.36(d)(2) SUPERVISION at this time.</p>				

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	<p>home health aide services. The record failed to evidence a skilled nurse supervisory visit from 12/10/12 to 1/23/13, a time period of 36 days.</p> <p>7. Clinical record 9, SOC 3/5/12, evidenced a plan of care dated 12/30/12 to 2/27/13 with orders for skilled nursing and home health aide services. The record failed to evidence a skilled nurse supervisory visit from 12/30/12 to 1/16/13, a period of 16 days, and from 1/18/13 to 2/4/13, a period of 15 days.</p> <p>8. A policy titled "Home Health Aide Supervision", C-340, effective 12/1/12, states, "3. Supervisory visits of Home health Aides shall be according to the following frequency: a. When skilled services are being provided to a patient, a Registered Nurse/therapist must make a supervisory visit to the patient's residence at least every fourteen (14)days to assess relationship and determine whether goals are being met. b. Other skilled services ... but not skilled nursing: Supervision of Home Health Aides may be done by the appropriate Therapist at the patient's resident at least every two (2) weeks."</p> <p>9. On 2/24/13, from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the</p>			

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NAME OF PROVIDER OR SUPPLIER  CARE A LOT HOMECARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 E MEMORIAL DR MUNCIE, IN 47302
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	findings were correct for the clinical records and the supervisory visits were not made as required. The agency was low on registered nurses and getting the supervisory visits completed was difficult.			

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G0230	<p><b>484.36(d)(3) SUPERVISION</b></p> <p>If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.</p> <p>Based on clinical record and policy review and interview the agency failed to ensure the registered nurse made supervisory visits every 30 days as required by agency policy with the home health aide present in 2 of 2 records reviewed of patients receiving home health aide only services with the potential to affect all patients who receive home health aide only services. (3 and 11)</p> <p>Findings:</p> <p>1. Clinical record 3, SOC 2/4/09, evidenced a plan of care dated 11/15/12 to 1/13/13 with orders for home health aide services. The record failed to evidence a registered nurse supervisory visit, with the home health aide present, from 11/15/12 to 1/13/13, a time period of 60 days.</p> <p>2. Clinical record 11, SOC 5/25/12,</p>	G0230	<p>Pursuant G 0230 and 484.36(d) (3) SUPERVISION, as well as per Agency internal policy C-340 titled "Home Health Aide Supervision", which states "when Home Health Aide services are being furnished to a patient, who does not require the skilled service of a nurse or therapist, a Registered Nurse or qualified therapist must make a supervisory visit to the patient's residence at least once every thirty (30) days. Every sixty (60) days a supervisory visit must occur when the Home Health Aide is present and providing patient care," is now being upheld by Agency as of 02/27/13. Effective 02/04/13 Agency Administrator was in the process of hiring additional RN's and currently as of 02/20/13 is contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the various disciplines' activities and the</p>	02/27/2013	

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	<p>evidenced a plan of care dated 7/24/12 to 9/21/12 with orders for home health aide services. The clinical record failed to evidence a registered nurse supervisory visits, with the aide present, from 7/24/12 to 9/21/12, a period of 60 days.</p> <p>3. A policy titled "Home Health Aide Supervision", C-340, effective 12/1/12, states, "3. Supervisory visits of Home health Aides shall be according to the following frequency: ... c. Home Health Aide services only: when Home Health Aide services are being furnished to a patient, who does not require the skilled service of a nurse or therapist, a Registered Nurse or qualified therapist must make a supervisory visit to the patient's residence at least once every thirty (30) days. Every sixty (60) days a supervisory visit must occur when the Home Health Aide is present and providing patient care."</p> <p>4. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the supervisory visits were not made as required. The agency was low on registered nurses and getting the supervisory visits completed was difficult.</p>		<p>delivery of safe care to our patients. Director of Nursing with the additional help has been able to carry out supervisory duties in person, as have the contracted RN's, at patient's residences. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services. To assist with our PT or OT only cases the Director of Nursing did contact all therapy vendors on 02-24-13 and did address the need for those therapies to do supervisory visits weekly for the the time being on Home Health Aides. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The additional resources of the contracted RN's and Therapists have enabled Agency to attest to rectifying the CONDITION of 484.36(d) (3)SUPERVISION at this time.</p>				

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G0242	<p><b>484.52</b> EVALUATION OF THE AGENCY'S PROGRAM</p> <p>Based on agency document and policy review and interview, it was determined the agency failed to ensure the written policies requiring an annual evaluation of the total program were followed for 1 of 1 agencies reviewed with the potential to affect all 85 patients (See G 243), failed to ensure an evaluation had been completed that included an evaluation of the overall policy and administrative review and a clinical record review in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 244), failed to ensure the annual evaluation was performed that assessed the extent to which the agency's program was appropriate, adequate, effective and efficient in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 245), failed to ensure the results of the evaluation were reported and acted upon by the governing body of the agency in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 246), failed to ensure the evaluation was completed and the results were maintained separately in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 247), failed to ensure an annual evaluation was completed that included a review of the policies and</p>	G0242	<p>Pursuant G 0242 and 484.52 EVALUATION OF THE AGENCY'S PROGRAM, The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were</p>	02/26/2013

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	<p>administrative practices to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 248), failed to ensure there was a mechanism to collect pertinent data for an evaluation in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 249), failed to ensure open and closed clinical records were reviewed by appropriate professionals in 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 250), and failed to ensure there was a continuing review of clinical records for each 60-day period the patient received home care to determine adequacy of the plan of care and appropriateness of continuation of care for 1 of 1 agency reviewed with the potential to affect all 85 patients (See G 251).</p> <p>The cumulative effect of these systemic problems resulted in the agency being out of compliance with the Condition of Participation 484.52: Evaluation of the Agency's Program.</p>		<p>presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient</p>		

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			care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.	

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G0243	<p><b>484.52</b> EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The HHA has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers. Based on agency document and policy review and interview, the agency failed to ensure the written policies requiring an annual evaluation of the total program were followed for 1 of 1 agencies reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "3. Annually a representative group will review the information and</li> </ol>	G0243	Pursuant G 0243 and 484.52 EVALUATION OF THE AGENCY'S PROGRAM, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting	02/26/2013	

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	draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a		

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			systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.		

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G0244	<p><b>484.52</b> EVALUATION OF THE AGENCY'S PROGRAM The evaluation consists of an overall policy and administrative review and a clinical record review. Based on agency document and policy review and interview, the agency failed to ensure an evaluation had been completed that included an evaluation of the overall policy and administrative review and a clinical record review in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "1. The components of the evaluation include: a. Organizational structure and systems review, b. Policy and procedure review, c. Clinic record</li> </ol>	G0244	<p>Pursuant G 0244 and 484.52 EVALUATION OF THE AGENCY'S PROGRAM, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the</p>	02/26/2013	

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	review. ... 3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical		

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			record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.		

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G0245	<p><b>484.52</b> EVALUATION OF THE AGENCY'S PROGRAM</p> <p>The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient. Based on agency document and policy review and interview the agency failed to ensure the annual evaluation was performed that assessed the extent to which the agency's program was appropriate, adequate, effective and efficient in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "1. The components of the evaluation include: ... d. Program review or appropriateness, adequacy, effectiveness, efficiency of patient care. ...</li> </ol>	G0245	<p>Pursuant G 0245 and 484.52 EVALUATION OF THE AGENCY'S PROGRAM, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/2013. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community, and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the</p>	02/26/2013

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NAME OF PROVIDER OR SUPPLIER  CARE A LOT HOMECARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3405 E MEMORIAL DR MUNCIE, IN 47302		
(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	
	3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical		

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			record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.		

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G0246	<p><b>484.52</b> EVALUATION OF THE AGENCY'S PROGRAM Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency. Based on agency document and policy review and interview, the agency failed to ensure the results of the evaluation were reported and acted upon by the governing body of the agency in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is</li> </ol>	G0246	<p>Pursuant G 0246 and 484.52 EVALUATION OF THE AGENCY'S PROGRAM, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/2013. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community, and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the</p>	02/26/2013	

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	submitted to the Governing Body for review and approval."		Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical	

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			record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.		

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G0247	<p><b>484.52</b> EVALUATION OF THE AGENCY'S PROGRAM Results of the evaluation are maintained separately as administrative records. Based on agency document and policy review and interview, the agency failed to ensure the evaluation was completed and the results were maintained separately in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "4. The report is kept on file and becomes part of the Agency records."</li> </ol>	G0247	<p>Pursuant G 0247 and 484.52 EVALUATION OF THE AGENCY'S PROGRAM, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the</p>	02/26/2013			

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			Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also	

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			<p>reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee. The Annual Evaluation conducted on 02/26/2013 is part of Agency records.</p>		

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G0248	<p><b>484.52(a)</b> <b>POLICY AND ADMINISTRATIVE REVIEW</b> As part of the evaluation process the policies and administrative practices of the agency are reviewed to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure an annual evaluation was completed that included a review of the policies and administrative practices to determine the extent to which they promote patient care that is appropriate, adequate, effective and efficient in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>A policy titled "Annual Evaluation", B-240, effective date December 1, 2012,</li> </ol>	G0248	<p>Pursuant G 0248 and 484.52(a) POLICY AND ADMINISTRATIVE REVIEW, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community, and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B.</p>	02/26/2013	

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	states, "1. The components of the evaluation include: ... d. Program review or appropriateness, adequacy, effectiveness, efficiency or patient care. ... 3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and		

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			Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.		

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G0249	<p><b>484.52(a)</b> <b>POLICY AND ADMINISTRATIVE REVIEW</b> Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.</p> <p>Based on agency document review and interview, the agency failed to ensure there was a mechanism to collect pertinent data for an evaluation in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> </ol>	G0249	<p>Pursuant G 0249 and 484.52(a) POLICY AND ADMINISTRATIVE REVIEW, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. To prepare for the evaluation the Administrator did use proven mechanisms to collect pertinent data for the evaluation, such as IACS - PSR Data for the prior calendar year to obtain visit and discipline information as well as Oasis Outcome data and report data from the Agency's Electronic Medical Record system. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other</p>	02/26/2013	

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			<p>health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement</p>	

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			<p>Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.</p>		

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G0250	<p><b>484.52(b)</b> <b>CLINICAL RECORD REVIEW</b> At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure open and closed clinical records were reviewed by appropriate professionals in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> <li>A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "1. The components of the evaluation include: a. Organizational structure and systems review, b. Policy and procedure review, c. Clinical record</li> </ol>	G0250	Pursuant G 0250 and 484.52(b) CLINICAL RECORD REVIEW, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. To prepare for the evaluation the Administrator did use proven mechanisms to collect pertinent data for the evaluation, such as IACS - PSR Data for the prior calendar year to obtain visit and discipline information as well as Oasis Outcome data and report data from the Agency's Electronic Medical Record system. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which	02/26/2013			

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	review. ... 3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction		

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			<p>conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. Agency policy B-220 "Clinical Record Review" indicates "that a random sample of at least 10 % of the agency patient base, but not less than 10 records each quarter." The Agency With the Agency patient base under 100 only 10 records each quarter would need reviewed. However, Agency felt it pertinent to review more to ensure accuracy in billing as well at the end of Certification Periods. This procedure will be ongoing with the newly appointed Alternate Administrator, along with Administrator and the Agency's administrative nurse will review clinical records going forward and report findings to the Director of Nursing and Professional Advisory Board. During the Annual Evaluation, the board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary</p>		

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			findings that Agency's systems, policies, and program was appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.	

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G0251	<p><b>484.52(b)</b> <b>CLINICAL RECORD REVIEW</b> There is a continuing review of clinical records for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care. Based on agency document and interview, the agency failed to ensure there was a continuing review of clinical records for each 60-day period the patient received home care to determine adequacy of the plan of care and appropriateness of continuation of care for 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> </ol>	G0251	<p>Pursuant G 0251 and 484.52(b) CLINICAL RECORD REVIEW, The Administrator did act immediately on 02/15/2013 to begin forming a Professional Advisory Board to fulfill pursuant regulatory guidelines. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013. To prepare for the evaluation the Administrator did use proven mechanisms to collect pertinent data for the evaluation, such as IACS - PSR Data for the prior calendar year to obtain visit and discipline information as well as Oasis Outcome data and report data from the Agency's Electronic Medical Record system. The Professional Advisory Board did meet and evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin,</p>	02/26/2013	

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			MD, were present to assist in maintaining liaison with other health care providers in the community , and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved	

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			<p>the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. Agency policy B-220 "Clinical Record Review" indicates "that a random sample of at least 10 % of the agency patient base, but not less than 10 records each quarter." The Agency With the Agency patient base under 100 only 10 records each quarter would need reviewed. However, Agency felt it pertinent to review more to ensure accuracy in billing as well at the end of Certification Periods. This procedure will be ongoing with the newly appointed Alternate Administrator, along with Administrator and the Agency's administrative nurse will review clinical records going forward and report findings to the Director of Nursing and Professional Advisory Board. During the Annual Evaluation, the board also reviewed the effectiveness of measured outcomes for patient goals. Furthermore the board reviewed and accepted the summary findings that Agency's systems, policies, and program was</p>	

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			appropriate, adequate, effective and efficient. Said findings were reported to the Agency's Governing Body and approved 02/26/2013. The Professional Advisory Board reviewed and accepted that Agency patient care that is appropriate, adequate, effective and efficient pursuant findings in policy, outcomes, and clinical record review. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.	

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G0337	<p><b>484.55(c) DRUG REGIMEN REVIEW</b></p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on clinical record review and interview, the agency failed to ensure the comprehensive reassessment included a review of all medications for potential adverse effects, drug reactions, ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and noncompliance in 7 of 9 clinical record reviewed of patient requiring a comprehensive reassessment. (#1, 3, 5, 6, 7, 9, and 11)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Clinical record review 1, state of care (SOC) 9/17/12, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 1/14/13.</li> <li>2. Clinical record review 3, SOC 2/4/09, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 1/11/13.</li> </ol>	G0337	<p>Pursuant G 0337 and 484.55(c) DRUG REGIMEN REVIEW, The Administrator and Director of Nursing did work with Agency software vendor to address the missing M02000 and M02002 series of questions in the automated Oasis Recertification templates. Agency has created "quick text" of the following; Reviewed drug regimen for potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance? 0 - Not assessed/reviewed 1 - No problems found during review 2 - Problems found during review NA - No MedsAll nursing staff was educated as to new field text that can be selected from a drop down during each recert assessment. Director of Nursing will monitor 100% of reassessment documents for next 30 days and request Clinical Record Review staff check throughout quarter as well.</p>	02/28/2013	

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	<p>3.. Clinical record review 5, SOC 9/21/12, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 1/18/13.</p> <p>4. Clinical record review 6, SOC 6/12/12, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 2/5/13.</p> <p>5. Clinical record review 7, SOC 8/14/12, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 1/10/13.</p> <p>6. Clinical record review 9, SOC 3/5/12, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 12/28/12.</p> <p>7. Clinical record review 11, SOC 5/25/12, failed to indicate a review of all medications had been performed at the comprehensive reassessment dated 7/23/12.</p> <p>8. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the findings were</p>			

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N0000	<p>correct for the clinical records.</p> <p>This visit was a home health agency state relicensure survey.</p> <p>Survey Dates: February 11, 12, 13, and 14, 2013</p> <p>Facility #: 004565</p> <p>Medicaid Vendor #: 200524720A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 18, 2013</p>			N0000	<p>Please accept this Plan of Correction and let it serve as this Agency's Credible Allegation of Compliance as well. I, Cory McConnell, as Agency Administrator and Owner, hereby attest to the validity and accuracy of the statements herein. We have taken great measure to ensure those Conditions of Participation, <u>484.16: Group of Professional Personnel</u>, <u>484.18: Acceptance of Patients, Plan of Care, and Medical Supervision</u>, <u>484.36: Home Health Aide Services</u>, and <u>484.52: Evaluation of the Agency's Program</u> identified during the survey have been addressed and rectified as of the date of this Plan of Correction.</p>		

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N0451	<p>410 IAC 17-12-1(c)(8) Home health agency administration/management Rule 12 Sec. 1(c)(8) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (8) Ensure that a qualified person is authorized in writing to act in the administrator's absence.</p> <p>Based on agency document and policy review and interview, the agency failed to ensure an alternate administrator was authorized to act in the absence of the administrator in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of agency documents failed to evidence the agency had an alternate administrator.</li> <li>2. A policy titled "Administrator Backup", A-120, dated 12/1/2012, states, "Statement of Responsibility: Administrator In compliance with established policy and in the event that the Administrator: [name of administrator] is not available, the designated, qualified backup: (area left blank) , will assume the duties and responsibilities of the Administrator."</li> </ol>	N0451	<p>Pursuant N 451 and 410 IAC 17-12-1(c)(8) Home health agency administration/management, The Administrator did appoint on 02/22/2013 Amanda Gourley, as the Agency's Alternate Administrator. Amanda's resume demonstrates nearly 5 years of facility related management and oversight and the Administrator believes that Amanda's 17 years of healthcare related experience from Home Health Aide to Management will prove useful in providing insite and direction for our Agency. On 02/24/2013 Administrator did transmit via email, the Alternate Administrator's resume, TB, Criminial Background check and related material substantiating her qualifications to the Indiana State Department of Health. Administrator did receive confirmation that the material was received on 02/24/2013. On 02/25/2013, Amanda did sign the Agency's policy A-120 "Administrator Backup Statement of Responsibility agreeing to be designated as the qualified</p>	02/22/2013

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	3. On 2/11/13 at 11:50 AM, the Administrator, Employee A, indicated he had not appointed an alternate administrator to act in his place.		backup for the Administrator.		

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N0456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on agency document and policy review and interview, the administrator failed to ensure there was an ongoing quality assurance program that objectively and systematically monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <p>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</p> <p>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</p>	N0456	Pursuant N 456 and 410 IAC 17-12-1(e) Home health agency administration/management, The Administrator did immediately on 02/15/2013 begin forming a Professional Advisory Board to fulfill the requirements set forth in 484.16. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013, and furthermore ensures that said group of professional personnel will continue to meet to advise the agency on an ongoing basis. The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in	02/26/2013			

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NAME OF PROVIDER OR SUPPLIER  CARE A LOT HOMECARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3405 E MEMORIAL DR MUNCIE, IN 47302		
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	3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "1. The components of the evaluation include: a. Organizational structure and systems review, b. Policy and procedure review, c. Clinical record review. ... 3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		maintaining liaison with other health care providers in the community, and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and		

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			Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals.	

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N0464	<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 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</p>						

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	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (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 review and interview, the agency failed to ensure an annual tuberculosis screening after baseline testing for 2 of 5 personnel records reviewed with the potential to affect all 85 patients of the agency. (C and F).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Personnel record C, date of hire (DOH), 9/21/12, first patient contact (FPC) 9/24/12, failed to evidence a tuberculosis screening in the last 14 months.</li> <li>Personnel record F, DOH 12/16/12, FPC 2/13/12, failed to evidence a tuberculosis screening in the last 14 months.</li> <li>On 2/14/13 at 2:30 PM, the DON, Employee B, indicated the two aides in question had not had a tuberculosis test in 14 months.</li> </ol>	N0464	<p>Pursuant N 464 and 410 IAC 17-12-1(i) Home health agency administration/management, The Agency Administrator and Director of Nursing set February as Tuberculosis screening month for all Agency staff. This will provide a consistent date methodology vs individual anniversary dates. All staff, even those with documented negative results within the last 12 months, received TB testing on one of either of the following dates; 02-14-13, 02-15-13, 02-18-13, 02-21-13, or 02-22-13. Administrator setup an electronic reminder system in outlook that references an excel spreadsheet that counts down days until expiration/renewal. Both Administrator and Alternate Administrator will track. All current staff will be tested again on or before 02-07-14. New hires will be tested or provide verification pursuant 410 IAC 17-12-1(i) showing a negative history within last 12 months prior to providing patient contact or care with</p>	02/25/2013

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			Agency. New hires will be re-tested in February of 2014 and annually thereafter in February.		

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N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on agency document and policy review and interview, the agency failed to develop, implement, maintain, and evaluate a quality assessment and performance improvement program in 1 of 1 agency reviewed with the potential to affect all 85 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of agency documents failed to evidence the agency had completed an annual evaluation.</li> <li>2. On 2/14/13 at 9:45 AM, the Administrator, Employee A, indicated the agency had not done an Annual Evaluation. They had done some Quality Assurance in the previous year, but it had fallen to the wayside with current staffing issues.</li> </ol>	N0472	<p>Pursuant N 472 and 410 IAC 17-12-2(a) Q A and performance improvement, The Administrator did immediately on 02/15/2013 begin forming a Professional Advisory Board to fulfill the requirements set forth in 484.16. As of 02/22/2013 the Administrator does attest that there is now a Professional Advisory Board in place to help govern and direct the Agency, and ensures those same 8 professional personnel did review and approve the agency's policies on 02/26/21013, and furthermore ensures that said group of professional personnel will continue to meet to advise the agency on an ongoing basis. The Professional Advisory Board did evaluate the agency's program on 02/26/2013 in a meeting at Care-A-Lot from 12:00pm until the meeting was adjourned at 1:45pm, 3 community</p>	02/26/2013			

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	3. A policy titled "Annual Evaluation", B-240, effective date December 1, 2012, states, "3. Annually a representative group will review the information and draft a summary report for review and action by the Professional Advisory Committee. After approval the report is submitted to the Governing Body for review and approval."		members/representatives which includes one community physician, Dr. Brian Lumpkin, MD, were present to assist in maintaining liaison with other health care providers in the community, and such meeting was documented with an agenda, report, and minutes. In addition to the community accounting professional (R. Edwards), the community physician (Dr. B. Lumpkin, MD), community representative (M. Pettiford), the Agency was represented on the Professional Advisory Board by the Administrator, the Alternate Administrator, the Director of Nursing, the Agency Home Health Aide Scheduler/Coordinator, and an Agency LPN. The Director of Nursing, Angela Ordonez is a registered nurse. Pursuant Agency internal policy B-240 and policy B-180, the Agency did meet on 02/26/2013. Care-A-Lot Homecare Services 2012-2013 Policies and Procedures were presented, reviewed, and approved by the Professional Advisory Board as stated above during the Annual Evaluation Meeting held on 02/26/2013. None of the 3 community members were either owners or employees of the Agency and provided valuable insight during the review. During the Annual Evaluation the Professional Advisory Board did review the partial Quality Assurance records		

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			relating to Patient Satisfaction conducted 3rd quarter of 2012, as well as reviewed and approved the 2 Quality Assurance and Performance Improvement Initiatives for 2013 and ongoing Patient Satisfaction Surveys. In addition to Quality Assurance the Board reviewed the Organizational Structure, a systems review, a review and approval of Agency's Policy and Procedure Manual for 2012 to 2013, as well as the 282 clinical record reviews conducted in 2012. The board also reviewed the effectiveness of measured outcomes for patient goals. "Staffing Issues" have been corrected in the form of naming an Alternate Administrator and assigning a Quality Improvement Committee.		

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N0502	<p>410 IAC 17-12-3(b)(2)(C) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (C) Place a complaint with the department regarding treatment or care furnished by a home health agency. Based on clinical record and patient rights document review and interview, the agency failed to ensure the patient had been informed of the toll-free home health hotline for the state of Indiana in 12 of 12 clinical records reviewed with the potential to affect all the agency's patients. (#1-12)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of patient rights document failed to evidence the patients was informed of the toll-free home health hotline for the state of Indiana.</li> <li>2. Clinical records 1-12 evidenced patients had signed they had received the patient rights document.</li> <li>3. On November 10, 2010, at 9:35 AM, the Administrator indicated they had purchased a prepackaged document for their admission packet and this particular right was not in the packet.</li> </ol>	N0502	<p>Pursuant N 502 and 410 IAC 17-12-3(b)(2)(C) Patient Rights. Agency did copy its policy C-380 "Patient Bill of Rights /Grievance Procedure" which contains the additional information of the Indiana State Specific Home Health Hotline and insert into all new admission packets. Agency understands and is agreement that the patient has the right to be advised of the availability of the toll-free HHA hotline in the State. When the agency accepts the patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the State, the hours of its operation, and that the purpose of the hotline is to receive complaints or questions about local HHAs. The patient also has the right to use this hotline to lodge complaints concerning the implementation of the advanced directives requirements. As such, Agency has ensured that the following information is given to all new patients upon admission and Administrator will review future</p>	03/15/2013			

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			<p>Admission packets prior to their use and is in the process of providing all existing patients during routine visits by a nurse (by March 15th,2013) a copy of the information as well. Agency will document patient understanding, and receipt by Patient signature. The information the Agency has provided is as follows; <b>The Office of Health Facilities Complaints/Home Health Agency Hotline: 1-800-227-6334 State Department of Health: (317) 233-1325</b> f you have a complaint about the agency or individuals providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, State Department of Health. <b>Office of Health Facility Complaints, State Department of Health Address: _____ 2 North Meridian Street, Indianapolis, IN 46204</b> _____ Consumers may call: _____ 317-233-7241_ or _____ 800-227-6334 _____ Toll Free Home Care Hotline: _____ 800-227-6334_ _____ Hours of Service: _8:15am -4:45pm M-F_ and 24/7 Voicemail _____ Local Phone Number: _317-233-7241_ or _____ 800-227-6334 _____</p>		

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N0522	<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 clinical record and policy review and interview, the agency failed to ensure therapy evaluations were completed timely, orders were present to admit the patient to home care services and to continue home care services, and visits and treatments were made as ordered on the plan of care for 12 of 12 clinical records reviewed creating the potential for treatment omission and patient harm affecting all 85 patients of the agency, (# 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12)</p> <p>Findings include:</p> <p>1. Clinical record 1, start of care (SOC) 9/17/12, failed to evidence a physician order to continue the patient for home care services for the second certification period.</p> <p>A. The record evidenced verbal orders for Occupational Therapy (OT) dated 11/20/12, electronically signed by OT 12/3/12, 2 times a week for 8 weeks. The clinical record failed to evidence two</p>	N0522	<p>Pursuant N 522 and 410 IAC 17-13-1(a) Patient Care, The Agency recognizes there were systemic issues with regards to therapy orders. The Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The Agency also accepted the resignation of its staff PT 02-25-13. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding same documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide</p>	02/27/2013			

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	<p>visits week 8 and week 9 (The visits began week 2.).</p> <p>B. The record evidenced verbal orders for Physical Therapy (PT) 1 time a week for 1 week then 2 times a week for 7 weeks to begin 11/14/12, electronically signed by PT 11/26/12. The record failed to evidence two visits week 5.</p> <p>2. Clinical record 2, SOC 11/16/12, failed to evidence a physician order to initiate home care services.</p> <p>A. The plan of care dated 11/16/12 to 1/14/13 evidenced an order for "Physical Therapy for Evaluation and Treatment. Therapist to determine Frequency, Plan of care and Goals." The Physical Therapist completed the evaluation on 12/12/12, 26 days after the start of care, and recommended a frequency of 2 times a week times 7 weeks on the evaluation. The clinical record failed to evidence the physical therapist received a verbal order from the physician for a late evaluation or for the frequency identified on the evaluation. The record failed to evidence 2 visits on weeks 7, 8, and 9 of the certification period.</p> <p>B. The plan of care also evidenced a order for "Occupational Therapy for Evaluation and Treatment. Therapist to</p>		<p>objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Additional documentation education was provided 02-27-13 to OT and PT disciplines. Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well.</p>		

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	<p>determine Frequency, Plan of care and Goals." The Occupational Therapist completed the evaluation on 12/20/12, 34 days after the start of care, and recommended a frequency of 2 times a week times 8 weeks on the evaluation. The clinical record failed to evidence the occupational therapist received a verbal order from the physician for a late evaluation or for the frequency identified on the evaluation. The record failed to evidence 2 visits on week 9 of the certification period.</p> <p>C. The plan of care evidenced a order for "MSW [Master of Social Work] to evaluate and Treat, will determine frequency, plan of care and goals." The clinical record failed to evidence the social worker completed the evaluation.</p> <p>3. Clinical record 3, SOC 2/4/09, failed to evidence a physician order to continue home care services for the certification period dated 11/15/12 to 1/13/13. The plan of care evidenced an order for skilled nurse 1 time a month for supervision. The clinical record failed to evidence a supervisory visit in November and January.</p> <p>4. Clinical record 4, SOC 12/5/12, failed to evidence a physician order to initiate home care services. The plan of</p>			

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	<p>care dated 12/5/12 to 2/2/13 evidenced physician orders for home health aides 2 times a week for 1 week then 3 times a week for 8 weeks. The clinical record failed to evidence 3 visits for week 3 and week 4.</p> <p>5. Clinical record 5, SOC 9/21/12, failed to evidence a physician order to continue home care services for the certification period dated 11/20/12 to 1/18/13.</p> <p>A. The plan of care dated 11/20/12 to 1/18/13 evidenced physician orders for physical therapy 3 times a week for 8 weeks ending 1/12/13. The clinical record failed to evidence 3 visits weeks 1, 6, and 7. The record evidenced a physical therapy visit was made on 1/16/13. The record failed to evidence an order for this visit.</p> <p>B. The plan of care evidenced physician orders for occupational therapy 1-2 times a week for 8 weeks. The clinical record evidenced 3 visits week 2 without a physician order for the extra visit.</p> <p>6. Clinical record 6, SOC 6/12/12, failed to evidence a physician order to continue home care services for the certification period dated 12/9/12 to 2/6/13.</p>				

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	<p>The plan of care dated 12/9/12 to 2/6/13 evidenced a physician order for home health aide services 5 times a week for 9 weeks. The record failed to evidence 5 visits were made any of the weeks.</p> <p>7. Clinical record 7, SOC 8/14/12, failed to evidence a physician order to continue home care services for the certification period 11/13/12 to 1/11/13.</p> <p>A. The clinical record evidenced a physician order dated 11/13/2012, signed by the physical therapist 11/20/2012, for visits 2 times a week for 8 weeks. The clinical record evidenced 3 visits on week 2. The record failed to evidence 2 visits on week 8 and evidenced 2 visits on week 9, after the physician orders had expired.</p> <p>B. The clinical record evidenced a physician order for home health aides 2 times a week for 8 weeks, beginning week 2. The clinical record evidenced 2 visits during week 1 and failed to evidence 2 visits during week 2.</p> <p>8. Clinical record 8, SOC 6/22/12, failed to evidence a physician order to continue home care services for the certification period 12/19/12 to 2/16/13.</p>			

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	<p>The plan of care dated 12/19/12 to 2/16/13 evidenced a physician order for "Physical Therapy Services to continue. Therapist to determine frequency, plan of care and goals." The clinical record evidenced an internal physician order Page 1 of 1 for a begin date of 12/19/12, with an electronic signature date by the physical therapist of 1/7/13, for 2 times a week for 8 weeks. The record failed to evidence a verbal order from the physician for the order. The clinical record evidenced an internal note on 1/21/12 that the physical therapist was placing the patient on hold, but the clinical record failed to evidence a verbal order from the physician for the hold. The record failed to evidence the physical therapist saw the patient after week 4.</p> <p>9. Clinical record 9, SOC 3/5/12, failed to evidence a physician order to continue home care services for the certification period 12/30/12 to 2/27/13.</p> <p>A. The plan of care dated 12/30/12 to 2/27/13 evidenced a physician order for the skilled nurse to perform venipuncture every 3 months and obtain CBC with DIFF, Folate, Vitamin B12 and CMP. The clinical record evidenced the lab drawn in the physician office on 11/12/12, but the Folate and CMP had not been drawn. The skilled nurse was to obtain</p>						

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	<p>the order and draw the Folate and CMP in the home. The clinical record failed to evidence this venipuncture was completed.</p> <p>B. The plan of care evidenced a physician order for home health aide services 5 times a week times 9 weeks. The clinical record failed to evidence 5 visits were made weeks 1, 4, 5, and 6.</p> <p>10. Clinical record 10, SOC 4/5/12, failed to evidence a physician order to continue home care services for the certification period 8/3/12 to 10/1/12.</p> <p>11. Clinical record 11, SOC 5/15/12, failed to evidence a physician order to continue the patient for home care services for the certification period 7/24/12 to 9/21/12.</p> <p>A. The plan of care dated 7/24/12 to 9/21/12 evidenced a physician order for home health aides 2 times a week for 9 weeks. The clinical record evidenced the home health aide made 4 visits week 2, 3, and 4 and 3 visits during week 5.</p> <p>B. The plan of care evidenced a physician order for homemaker services for 3 times a week for 9 weeks. The clinical record failed to evidence 3 visits weeks 2, 3, 4, and 5.</p>			

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	<p>C. The record evidenced a physician order for a physical therapy evaluation on 8/29/12. The clinical record failed to evidence the evaluation was done.</p> <p>12. Clinical record 12, SOC 10/10/12, failed to evidence a physician order to initiate home care services.</p> <p>A. The record evidenced a social worker evaluation completed on 10/24/12, but the plan of care does not evidence a physician order for the visit.</p> <p>B. The plan of care dated 10/10/12 to 12/8/12 evidenced a physician order for home health aide 2 times week for 1 week, then 5 times a week for 2 weeks, then 3 times week for 3 weeks, and then 2 times a week for 3 weeks. The clinical record evidenced 5 visits during week 4, 5, and 6.</p> <p>13. A policy titled "Plan of Care", C-180, effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician."</p> <p>14. A policy titled "Services on Hold", C-630, effective 12/1/12, states, "1. When services are suspended the Director of Nursing or designee will place the</p>			

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	<p>services "on hold" with a reason identified. 2. The physician will be notified of the change in condition or circumstances precipitating the change. Physician orders will be obtained if there is a change in the care or treatments to be provided."</p> <p>15. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the plans of care were not followed and orders were not obtained to initiate or continue home care services.</p>				

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N0524	<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"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record and policy review and interview, the agency failed to ensure the plan of care included the frequency of visits for therapy services in 3 of 6 records reviewed of patients receiving therapy services with the potential to affect all therapy patients. (# 1, 2, and 8)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 1, start of care (SOC)</li> </ol>	N0524	<p>Pursuant N 524 and 410 IAC 17-13-1(a) Patient Care, The Agency recognizes there were systemic issues with regards to therapy orders. The Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements. 2 of 2 the Agency's contracted</p>	02/27/2013			

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	<p>9/17/12, included a plan of care dated 12/18/12 through 2/15/12 that failed to evidence physical therapy frequency.</p> <p>2. Clinical record 2, SOC 11/16/12, included a plan of care dated 11/16/12 to 1/14/13 that failed to evidence physical therapy frequency or an occupational therapy frequency.</p> <p>3. Clinical record 8, SOC 6/22/12, included a plan of care dated 12/19/12 to 2/16/13 that failed to determine the frequency for physical therapy or occupational therapy.</p> <p>4. A policy titled "Plan of Care", C-180, effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician. ... Special Instructions 2. The Plan of care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services."</p> <p>5. On 2/24/13, from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated records did not include the frequency of therapy services.</p>		<p>therapists (OT and PT) were willing to comply. The Agency also accepted the resignation of its staff PT 02-25-13. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding same documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Additional documentation education was provided 02-27-13 to OT and PT disciplines. Administration will continue such protocol until such time as therapists can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and</p>		

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			<p>treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well.</p>	

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N0529	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months.</p> <p>Based on agency document and policy review and interview the agency failed to ensure a written summary was sent to the attending physician at least every 60 days in 12 of 12 clinical records reviewed of patients receiving services longer than 60 days with the potential to affect all patients who receive services longer than 60 days.</p> <p>Findings.</p> <p>1. A policy titled "Physician Summary", C-650, dated 12/1/2012, states, "A summary report will be provided to the physician no less than every sixty (60) days."</p> <p>2. On 2/14/13 at 2:50 PM, the Director of Nursing, Employee B, indicated physician summaries had not been completed for any patient.</p> <p>3. Clinical records 1-12 failed to evidence any summary reports had been</p>	N0529	<p>Pursuant N 529 410 IAC 17-13-1(a)(2) Patient Care, as set forth in Agency policy titled "Physician Summary", C-650, dated 12/1/2012 "A summary report will be provided to the physician no less than every sixty (60) days." Agency Administrator and Agency Director of Nursing will now include 60-day Physician Summary's on every 485 generated by the Agency on the first page of the 485 in the comment/goal section at bottom of page. The line "60-day Physician Care Summary" will be added along with a summarized written report will be included. All 485's are faxed to Patient Physician Offices every 60 day's at time of recertification's/start of care's. Fax confirmations are maintained in a log in Agency office. Unsigned 485's are tracked by log and called on by Agency Administrative LPN each week. Alternate Administrator will monitor new 485's being generated every thirty days for next 2 months to ensure compliance, and periodically thereafter.</p>	03/01/2013			

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N0537	<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: Based on clinical record review and interview, the agency failed to ensure treatments were carried out in 1 of 1 record reviewed with an order for a venipuncture with the potential to affect all 85 patients of the agency. ( 9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record 9, SOC 3/5/12, had a plan of care dated 12/30/12 to 2/27/13 that evidenced a physician order for the skilled nurse to perform venipuncture every 3 months and obtain CBC with DIFF, Folate, Vitamin B12 and CMP. The clinical record evidenced a lab drawn in the physician office on 11/12/12, but the Folate and CMP had not been drawn and the skilled nurse was to obtain the order and draw the Folate and CMP in the home. The clinical record failed to evidence the Folate and CMP were drawn.</li> <li>2. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the record did not</li> </ol>	N0537	<p>Pursuant N 537 and 410 IAC 17-14-1(a) Scope of Services, The Agency recognizes there were systemic issues with regards to orders. Agency attests that it has rectified this CONDITION on 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff regarding documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Effective 02-25-13 100% of all discipline orders are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Administration will continue such protocol until such</p>	02/25/2013	

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	evidence the lab had been drawn.		time as disciplines can effectively and efficiently and reliably produce consistent orders that are compliant. Agency has been obtaining detailed verbal orders, in addition to the initial orders "Home care to evaluate and treat." Agency is obtaining multiple verbal orders when there is any change (frequency or otherwise) throughout the course of patient's treatment. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well. All staff are providing office (Director of Nursing) with weekly schedules as of 2-25-13 for Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. This will help to avoid "missed" services as well. These culmulative efforts have centralized the respective disciplines and their services back into the Agency and the Director of Nursing. The Agency is in the process of hiring additional RN's and currently contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the discipline's activities and the delivery of safe	

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			care to our patients. The additional help has enabled Director of Nursing to be able to monitor and maintain Agency policy. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services.	

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N0570	<p>410 IAC 17-14-1(d) Scope of Services Rule 14 Sec. 1(d) In carrying out the responsibilities identified in subsection (c) of this rule the therapist may:</p> <p>(1) direct the activities of any therapy assistant; or (2) delegate duties and tasks to other individuals as appropriate.</p> <p>Based on clinical record review and interview, the agency failed to ensure the occupational therapist supervised the occupational therapy assistant (COTA) in 1 of 1 records reviewed of patients receiving services from a COTA with the potential to affect all patients receiving occupational therapy. (1)</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 9/17/12, evidence a plan of care for 11/16/12 to 1/14/13 orders for occupational therapy 2 times a week for 8 weeks starting 11/29/12. The record evidenced the COTA made visits for over 30 days: 12/3/12, 12/4/12, 12/10/12, 12/12/12, 12/27/12, 12/28/12, 1/7/13, 1/8/13, and 1/14/13, but there was no evidence of supervision from the supervising Occupational Therapist.</p> <p>2. On 2/24/13 from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the COTA had not</p>	N0570	Pursuant N 570 and 410 IAC 17-14-1(d) Scope of Services, Agency attests that it has rectified this CONDITION as the Administrator did contact all therapy vendors and staff on 02-21-13 and did address the issues cited with documented examples, policy, CMS and State guidelines. Agency Administrator also reviewed Therapist's contracts with Agency and reiterated the terms of said agreements which did provide for vendors to provide the supervision of their assistants. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. All therapists (including their assistants) are providing office with weekly schedules as of 2-25-13 and any supervisory documentation to Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and supervisory documentation of the therapy assistants. Agency Administrator indicates the therapists have been receptive to correcting their documentation going forward.	02/25/2013	

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	been supervised.			

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N0574	<p>410 IAC 17-14-1(e)(2) Scope of Services Rule 14 Sec. 1(e) The social worker shall do the following: (2) Participate in the development of the plan of care.</p> <p>Based on the clinical record and policy review and interview, the agency failed to ensure the social worker participated in the development of the plan of care in 1 of 3 records reviewed of patients receiving social worker services with the potential to affect all patients with social worker services. (2)</p> <p>Findings.</p> <p>1. Clinical record 2, start of care (SOC) 11/16/12, included a plan of care dated 11/16/12 to 1/14/13 with orders for the "MSW [Master of Social Work] to evaluate and Treat, will determine frequency, plan of care and goals." The record failed to evidence the social worker completed the evaluation.</p> <p>2. A policy titled "Plan of Care", C-180, effective 12/1/12, states, "Home care services are furnished under the supervision and direction of the patient's physician. ... Special Instructions 2. The Plan of care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services. ... d. Specific procedures and modalities for</p>	N0574	<p>Pursuant N 574 and 410 IAC 17-14-1(e)(2) Scope of Services, The Agency recognizes there were systemic issues with regards to orders. On 2-25-13 the Agency Administrator and Agency Director of Nursing met with Agency staff Social Worker regarding documentation and timeliness standards. The standard for documentation, including verbal orders within 24 hours of patient visit were established inclusive of the detailed summary of the orders to include the specific procedures and modalities to be used and the amount, frequency, and duration. Agency has set forth that Patient goals be broken down along with frequency in the order to provide objective, measurable indicators for Agency Director of Nursing to monitor. Social Worker is participating in the plan of care by documenting orders in Agency system and forwarding via Agency email to Director of Nursing for review prior to contacting the physician. Effective 02-25-13 100% of all discipline orders, inclusive of social work are reviewed by Agency Director of Nursing. The office then signs off on the order and notifies the respective discipline via email</p>	02/25/2013			

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	<p>therapy services. e. Diagnostic tests, including laboratory and x-rays. ... 7. The patient, Therapist, and other agency personnel shall participate in developing the Plan of Care. The patient shall be informed of any changes in the Plan of Care. 9. Professional staff shall promptly alert the physician to any changes that suggest a need to alter the plan of Care. 10. Verbal/telephone orders shall be obtained from the patient's physician for changes in the Plan of Care."</p> <p>3. A policy titled "Medical Social Services", C-260, effective 12/1/12 states, "1. Referral for Medical Social Services may include, but is not limited to: ... f. Participating in Plan of Care development, care conferences, discharge planning, in-service programs, and acting as a resource to other members of the health care team."</p> <p>4. On 2/24/13, from 2:50 PM to 5:00 PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the record did not evidence the social worker did the evaluation.</p>		<p>with either changes or approval for them to contact the physician for a verbal order within 24 hours. The Director of Nursing will carbon copy via email all orders requesting Social Work to Administrator and Alternate Administrator for Alternate Administrator to followup with Social Worker to ensure visits are maintained. Administration will continue such protocol until such time as social worker can effectively and efficiently and reliably produce consistent orders that are compliant. The Agency's patients plan of care will reflect such treatment as is ordered by our patient's physicians. Verbal Orders will be matched and compared to Plans of Care during Agency clinical record review as well.</p>				

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N0606	<p>410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure registered nurse or qualified therapist made a home health aide supervisory visit at least every 2 weeks as required by agency policy in 7 of 8 records reviewed of patients receiving skilled and home health aide services with the potential to affect all patients that received skilled and home health aide services (1, 2, 4, 6, 7, 8, and 9) and every 30 days in 2 of 2 records reviewed of patients receiving home health aide only services with the potential to affect all patients who receive home health aide only services. (3 and 11)</p> <p>Findings:</p> <p>1. Clinical record 1, start of care (SOC) 9/17/12, evidence a plan of care dated 11/16/12 to 1/14/13 with orders for Occupational Therapist (OT), Physical Therapy (PT), and home health aide services. The record failed to evidence a</p>	N0606	Pursuant N 0606 and 410 IAC 17-14-1(n) Scope of Services, as well as per Agency internal policy C-340 titled "Home Health Aide Supervision", which states "when Home Health Aide services are being furnished to a patient, who does not require the skilled service of a nurse or therapist, a Registered Nurse or qualified therapist must make a supervisory visit to the patient's residence at least once every thirty (30) days. Every sixty (60) days a supervisory visit must occur when the Home Health Aide is present and providing patient care," is now being upheld by Agency as of 02/27/13. Effective 02/04/13 Agency Administrator was in the process of hiring additional RN's and currently as of 02/20/13 is contracting with third-party Contract RN Agency, PICC Fusion to provide additional nursing support so Agency Director of Nursing can manage and supervise the various disciplines' activities and the delivery of safe care to our patients. Director of Nursing with	02/27/2013			

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	<p>therapist or the registered nurse made a home health aide supervisory visit.</p> <p>2. Clinical record 2, SOC 11/16/12, evidenced a plan of care dated 11/16/12 to 1/14/13 with orders for skilled nursing, home health aide, physical therapy, occupational therapy and social work services. The record failed to evidence a skilled nurse supervisory visit was made between 11/16/12 to 12/12/12, a time frame of 27 days, and from 12/14/12 to 1/19/13, a time frame of 27 days.</p> <p>3. Clinical record 3, SOC 2/4/09, evidenced a plan of care dated 11/15/12 to 1/13/13 with orders for home health aide services. The record failed to evidence a registered nurse supervisory visit, with the home health aide present, from 11/15/12 to 1/13/13, a time period of 60 days.</p> <p>4. Clinical record 4, SOC 12/5/12, evidenced a plan of care dated 12/5/12 to 2/2/13 with orders for skilled nurse and home health aide services. The record failed to evidence a skilled nurse supervisory visit from 1/10/13 to 1/28/13, a time period of 18 days.</p> <p>5. Clinical record 6, SOC 6/12/12, evidenced a plan of care dated 12/9/12 to 2/6/13 with orders for skilled nurse and</p>		<p>the additional help has been able to carry out, along with the contract RN's, supervisory duties in person, as have the contracted RN's, at patient's residences. The Agency is still in process of interviewing and hiring (online via Careerbuilder) had made two FT offers of employment and 1 PT to RN's as of 2-27-13 and plans to have 3 FTE RN's within 60 days to replace the contracting services. To assist with our PT or OT only cases the Director of Nursing did contact all therapy vendors on 02-24-13 and did address the need for those therapies to do supervisory visits weekly for the the time being on Home Health Aides. 2 of 2 the Agency's contracted therapists (OT and PT) were willing to comply. The additional resources of the contracted RN's and Therapists have enabled Agency to attest to rectifying this matter.</p>				

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	<p>home health aide services. The record failed to evidence a skilled nurse supervisory visit from 12/29/12 to 1/30/13, a time period of 32 days.</p> <p>6. Clinical record 7, SOC 8/14/12, evidenced a plan of care dated 11/13/12 to 1/11/13 with orders for physical therapy and home health aide services. The clinical record failed to evidence the physical therapist or the registered nurse performed a supervisory visit of the home health at any time during the certification period.</p> <p>7. Clinical record 8, SOC 6/22/12, evidenced a plan of care dated 12/19/12 to 2/16/13 with orders for skilled nurse and home health aide services. The record failed to evidence a skilled nurse supervisory visit from 12/10/12 to 1/23/13, a time period of 36 days.</p> <p>8. Clinical record 9, SOC 3/5/12, evidenced a plan of care dated 12/30/12 to 2/27/13 with orders for skilled nursing and home health aide services. The record failed to evidence a skilled nurse supervisory visit from 12/30/12 to 1/16/13, a period of 16 days, and from 1/18/13 to 2/4/13, a period of 15 days.</p> <p>9. Clinical record 11, SOC 5/25/12, evidenced a plan of care dated 7/24/12 to</p>			

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	<p>9/21/12 with orders for home health aide services. The clinical record failed to evidence a registered nurse supervisory visits, with the aide present, from 7/24/12 to 9/21/12, a period of 60 days.</p> <p>10. A policy titled "Home Health Aide Supervision", C-340, effective 12/1/12, states, "3. Supervisory visits of Home health Aides shall be according to the following frequency: a. When skilled services are being provided to a patient, a Registered Nurse/therapist must make a supervisory visit to the patient's residence at least every fourteen (14)days to assess relationship and determine whether goals are being met. b. Other skilled services ... but not skilled nursing: Supervision of Home Health Aides may be done by the appropriate Therapist at the patient's resident at least every two (2) weeks. c. Home Health Aide services only: when Home Health Aide services are being furnished to a patient, who does not require the skilled service of a nurse or therapist, a Registered Nurse or qualified therapist must make a supervisory visit to the patient's residence at least once every thirty (30) days. Every sixty (60) days a supervisory visit must occur when the Home Health Aide is present and providing patient care."</p> <p>11. On 2/24/13, from 2:50 PM to 5:00</p>				

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	PM, during the clinical record review of all 12 clinical records, the Director of Nursing, Employee B, indicated the findings were correct for the clinical records and the supervisory visits were not made as required. The agency was low on registered nurses and getting the supervisory visits completed was difficult.			