

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 03/18/2013
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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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G000000	<p>This was a revisit for an extended home health agency federal recertification survey conducted February 14, 2013.</p> <p>Survey Dates: March 18, 2013</p> <p>Facility #: 004565</p> <p>Medicaid Vendor #: 200524720A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Four Conditions of Participation and twenty three standard level deficiencies were found corrected with this survey. Four deficiencies were recited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 19, 2013</p>	G000000	Please accept this Plan of Correction. 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 all conditions and deficiencies identified during the revisit have been addressed.	

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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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record review and interview, the agency failed to ensure orders were present to continue home care services and for physical therapy visits and a written plan of care was developed for 1 of 1 record reviewed of patients receiving therapy services at recertification creating the potential for treatment omission and patient harm affecting all patients of the agency receiving services longer than 60 days. (# 13)</p> <p>Findings include:</p> <p>1. Clinical record 13, start of care (SOC) 12/28/12, included a recertification assessment dated 2/25/13 performed by the physical therapist. The record failed to evidence a plan of care for the certification period beginning 2/26/13. The record failed to evidence a physician order to continue the patient for home care services and for physical therapy services.</p>	G000158	<p>Pursuant G 158 and 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER, The Agency recognizes there were systemic issues with regards to how the Agency managed externally contracted therapy services, as well as the particular contracted therapy services themselves and their ongoing inability to conform to the Agency's policies and procedures, and the therapy contractor's inability to consistently handle and document therapy orders. The records reviewed and cited were and were representative of therapy contractor's work and the lack of consistent, direct management by the Agency. Agency attests that it has readdressed this CONDITION as the Administrator did (a) directly hire and orient, an internal Agency staff physical therapist and (b) did terminate the external Physical Therapy Contract Agreement with Racovi Therapy Services LLC on 3-20-13. Administrator did meet with NEW Agency Physical Therapist to review policy, CMS and State guidelines, as well as recent audit findings. The standard for documentation, including verbal</p>	04/05/2013			

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	<p>The clinical record evidenced the physical therapist made visits on 3/4/13 and 3/5/13.</p> <p>2. On March 18, 2013, at 3:45 PM, the Director of Nursing indicated the physical therapist did not get orders for visits after the recertification assessment visit and did not create a plan of care. Visits had been made without orders, and there was not a current plan of care for this patient.</p>		<p>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 and Administrator to monitor. Effective 03-25-13 100% of new physical therapist discipline orders are reviewed by Agency Director of Nursing and Administrator. New staff therapist is to have daily interaction with Administrator to monitor frequency, orders, and documentation. 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 3-22-13 to PT discipline. Additional oversight and accountability for therapy discipline to include Administrator supervisory visits to be conducted periodically during therapy services in field. Administrator will work with Director of Nursing and Therapists and compare supervisory observations with orders and Agency policy and professional standards. Multiple supervisory/orientation visits will be conducted by Administrator by</p>		

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			4-5-13. Administration will continue such protocol until such time as physical therapy can safely 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 to obtain 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 3-25-13 for Agency Administrator, Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. These cumulative efforts have "pulled therapists" and their services back into the Agency and into the supervision of Administrator and the Director of Nursing. The Agency has also hired an additional RN and currently contracting with an additional third-party Contract RN Agency, Maxim Staffing to provide additional nursing support (along with Picc Fusion) so Agency Director of Nursing can manage and supervise activities	

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			and the delivery of safe care to our patients. The Agency is still in the process of hiring additional staff RN's as well. Director of Nursing is aware of Agency policy C-180 "Plan ofCare," and with the additional help of the Administrator and Alt. Administrator has been able to monitor and maintain said policy. Administrator's involvement and direction in the following, tracking the daily documentation is paramount for setting the standard for the staff and disciplines. Requests for additional documentation are reported to the Alternate Administrator and they notify involved disciplines via email and/or phone same day.	

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G000159	<p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review and interview, the agency failed to ensure a plan of care was developed for 1 of 1 record reviewed of patients receiving therapy services at recertification creating the potential for treatment omission and patient harm affecting all patients of the agency receiving services longer than 60 days. (# 13)</p> <p>Findings include:</p> <p>1. Clinical record 13, start of care (SOC) 12/28/12, included a recertification assessment dated 2/25/13 performed by the physical therapist. The record failed to evidence a plan of care for the certification period beginning 2/26/13. The record failed to evidence a physician order to continue the patient for home care services and for physical therapy</p>	G000159	Pursuant G 159 and 484.18(a) PLAN OF CARE, The Agency recognizes there were systemic issues with regards to how the Agency managed externally contracted therapy services, as well as the particular contracted therapy services themselves and their ongoing inability to conform to the Agency's policies and procedures, and the therapy contractor's inability to consistently handle and document therapy orders. The records reviewed and cited were and were representative of therapy contractor's work and the lack of consistent, direct management by the Agency. Agency attests that it has readdressed this CONDITION as the Administrator did (a) directly hire and orient, a NEW Physical Therapist as internal Agency staff and (b) did terminate the external Contracted Physical Therapists on 3-20-13. Administrator did meet with NEW Agency Physical Therapist to	04/05/2013	

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	<p>services.</p> <p>The clinical record evidenced the physical therapist made visits on 3/4/13 and 3/5/13.</p> <p>2. On March 18, 2013, at 3:45 PM, the Director of Nursing indicated the physical therapist did not get orders for visits after the recertification assessment visit and did not create a plan of care. Visits had been made without orders, and there was not a current plan of care for this patient.</p>		<p>review policy, CMS and State guidelines, as well as recent audit findings. 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 and Administrator to monitor. Effective 03-25-13 100% of new physical therapist discipline orders are reviewed by Agency Director of Nursing and Administrator. New staff therapist is to have daily interaction with Administrator to monitor frequency, orders, and documentation. 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. Obtained Verbal Orders are faxed to the Physician for signature, followed by additional follow-up by Administrator and Administrative Nurse within 48 hours by phone and fax as needed. 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</p>		

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			<p>well. All therapists are providing office with weekly schedules as of 3-25-13 for Agency Administrator, Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. These cumulative efforts have "pulled therapists" and their services back into the Agency and into the supervision of Administrator and the Director of Nursing. The Agency has also hired an additional RN and currently contracting with an additional third-party Contract RN Agency, Maxim Staffing to provide additional nursing support (along with Picc Fusion) so Agency Director of Nursing can manage and supervise activities and the delivery of safe care to our patients. The Agency is still in the process of hiring additional staff RN's as well. Director of Nursing is aware of Agency policy C-180 "Plan ofCare," and with the additional help of the Administrator and Alt. Administrator has been able to monitor and maintain said policy. Administrator's involvement and direction in the following, tracking the daily documentation is paramount for setting the standard for the staff and disciplines. Requests for additional documentation are reported to the Alternate Administrator and they notify involved disciplines via email</p>		

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G000161	<p>484.18(a) PLAN OF CARE Orders for therapy services include the specific procedures and modalities to be used and the amount, frequency, and duration.</p> <p>Based on clinical record review and interview, the agency failed to ensure there were orders for physical therapy services and they included the specific modalities to be used and the amount, frequency and duration for 1 of 1 record reviewed of patients receiving therapy services at recertification creating the potential for treatment omission and patient harm affecting all patients of the agency receiving services longer than 60 days. (# 13)</p> <p>Findings include:</p> <p>1. Clinical record 13, start of care (SOC) 12/28/12, included a recertification assessment dated 2/25/13 performed by the physical therapist. The record failed to evidence a plan of care for the certification period beginning 2/26/13. The record failed to evidence a physician order for physical therapy services.</p> <p>The clinical record evidenced the physical therapist made visits on 3/4/13 and 3/5/13.</p>	G000161	<p>Pursuant G 161 and 484.18(a) PLAN OF CARE, The Agency recognizes there were systemic issues with regards to how the Agency managed externally contracted therapy services, as well as the particular contracted therapy services themselves and their ongoing inability to conform to the Agency's policies and procedures, and the therapy contractor's inability to consistently handle and document therapy orders. The records reviewed and cited were and were representative of therapy contractor's work and the lack of consistent, direct management by the Agency. Agency attests that it has readdressed this CONDITION as the Administrator did (a) directly hire and orient, a NEW Physical Therapist as internal Agency staff and (b) did terminate the external Contracted Physical Therapists on 3-20-13. Administrator did meet with NEW Agency Physical Therapist to review policy, CMS and State guidelines, as well as recent audit findings. The standard for documentation, Agency Policy C-180 "Plan of Care", including verbal orders within 24 hours of patient visit were established inclusive of the</p>	04/05/2013			

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			with current order, goals, and missed visit documentation. These cumulative efforts have "pulled therapists" and their services back into the Agency and into the supervision of Administrator and the Director of Nursing. The Agency has also hired an additional RN and currently contracting with an additional third-party Contract RN Agency, Maxim Staffing to provide additional nursing support (along with Picc Fusion) so Agency Director of Nursing can manage and supervise activities and the delivery of safe care to our patients. The Agency is still in the process of hiring additional staff RN's as well. Director of Nursing is aware of Agency policy C-180 "Plan ofCare," and with the additional help of the Administrator and Alt. Administrator has been able to monitor and maintain said policy. Administrator's involvement and direction in the following, tracking the daily documentation is paramount for setting the standard for the staff and disciplines. Requests for additional documentation are reported to the Alternate Administrator and they notify involved disciplines via email and/or phone same day.	

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G000337	<p>484.55(c) DRUG REGIMEN REVIEW</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, the agency failed to ensure a review of the patient's medications was completed with the recertification assessment for 1 of 1 record reviewed of patients receiving therapy services at recertification creating the potential for patient harm affecting all patients of the agency receiving services longer than 60 days. (# 13)</p> <p>Findings include:</p> <p>Clinical record 13, start of care (SOC) 12/28/12, included a recertification assessment dated 2/25/13 performed by the physical therapist. The record failed to evidence a medication review had been completed with the assessment.</p>	G000337	<p>Pursuant G 337 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 Meds The NEW physical therapist 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. The Agency recognizes there were</p>	04/05/2013	

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			<p>systemic issues with regards to how the Agency managed externally contracted therapy services, as well as the particular contracted therapy services themselves and their ongoing inability to conform to the Agency's policies and procedures, and the therapy contractor's inability to consistently handle and document therapy orders. The records reviewed and cited were and were representative of therapy contractor's work and the lack of consistent, direct management by the Agency. Agency attests that the Administrator did (a) directly hire and orient, a NEW Physical Therapist as internal Agency staff and (b) did terminate the external Contracted Physical Therapists on 3-20-13. Administrator did meet with NEW Agency Physical Therapist to review policy, CMS and State guidelines, as well as recent audit findings. The standard for DRUG REGIMEN REVIEW 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</p>	

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			and Administrator to monitor. Effective 03-25-13 100% of new physical therapist discipline orders and recertification assessments are reviewed by Agency Director of Nursing and Administrator. New staff therapist is to have daily interaction with Administrator to monitor frequency, orders, and documentation. These cumulative efforts have increased management and accountability over the disciplines and into the supervision of Administrator and the Director of Nursing. The Agency has also hired an additional RN and currently contracting with an additional third-party Contract RN Agency, Maxim Staffing to provide additional nursing support (along with Picc Fusion) so Agency Director of Nursing can manage and supervise activities and the delivery of safe care to our patients. Administrator's involvement and direction in the following, tracking the daily documentation is paramount for setting the standard for the staff and disciplines.		

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N000000	<p>This was a revisit for a home health agency state licensure survey conducted February 14, 2013.</p> <p>Survey Dates: March 18, 2013</p> <p>Facility #: 004565</p> <p>Medicaid Vendor #: 200524720A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Ten deficiencies were found corrected with this survey. Two deficiencies were recited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">March 19, 2013</p>			N000000	<p>Please accept this Plan of Correction. 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 all conditions and deficiencies identified during the revisit have been addressed.</p>		

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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record review and interview, the agency failed to ensure orders were present to continue home care services and for physical therapy visits and a written plan of care was developed for 1 of 1 record reviewed of patients receiving therapy services at recertification creating the potential for treatment omission and patient harm affecting all patients of the agency receiving services longer than 60 days. (# 13)</p> <p>Findings include:</p> <p>1. Clinical record 13, start of care (SOC) 12/28/12, included a recertification assessment dated 2/25/13 performed by the physical therapist. The record failed to evidence a plan of care for the certification period beginning 2/26/13. The record failed to evidence a physician order to continue the patient for home care services and for physical therapy services.</p> <p>The clinical record evidenced the</p>	N000522	<p>Pursuant N 522 and 410 IAC 17-13-1(a) Patient Care, The Agency recognizes there were systemic issues with regards to how the Agency managed externally contracted therapy services, as well as the particular contracted therapy services themselves and their ongoing inability to conform to the Agency's policies and procedures, and the therapy contractor's inability to consistently handle and document therapy orders. The records reviewed and cited were and were representative of therapy contractor's work and the lack of consistent, direct management by the Agency. Agency attests that the Administrator did (a) directly hire and orient, a NEW Physical Therapist as internal Agency staff and (b) did terminate the external Contracted Physical Therapists on 3-20-13. Administrator did meet with NEW Agency Physical Therapist to review Agency policy C-180 "Plan of Care," CMS and State guidelines, as well as recent audit findings. The standard for documentation, development of a Plan of Care, including verbal orders within 24</p>	04/05/2013	

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	<p>physical therapist made visits on 3/4/13 and 3/5/13.</p> <p>2. On March 18, 2013, at 3:45 PM, the Director of Nursing indicated the physical therapist did not get orders for visits after the recertification assessment visit and did not create a plan of care. Visits had been made without orders, and there was not a current plan of care for this patient.</p>		<p>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 and Administrator to monitor. Effective 03-25-13 100% of new physical therapist discipline orders are reviewed by Agency Director of Nursing and Administrator. New staff therapist is to have daily interaction with Administrator to monitor frequency, orders, and documentation. 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. Obtained Verbal Orders are faxed to the Physician for signature, followed by additional follow-up by Administrator and Administrative Nurse within 48 hours by phone and fax as needed. 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 3-25-13 for Agency Administrator, Agency Director of Nursing and</p>		

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			<p>Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. These cumulative efforts have "pulled therapists" and their services back into the Agency and into the supervision of Administrator and the Director of Nursing. The Agency has also hired an additional RN and currently contracting with an additional third-party Contract RN Agency, Maxim Staffing to provide additional nursing support (along with Picc Fusion) so Agency Director of Nursing can manage and supervise activities and the delivery of safe care to our patients. The Agency is still in the process of hiring additional staff RN's as well. Director of Nursing is aware of Agency policy C-180 "Plan ofCare," and with the additional help of the Administrator and Alt. Administrator has been able to monitor and maintain said policy. Administrator's involvement and direction in the following, tracking the daily documentation is paramount for setting the standard for the staff and disciplines. Requests for additional documentation are reported to the Alternate Administrator and they notify involved disciplines via email and/or phone same day.</p>	

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review and interview, the agency failed to ensure a plan of care was developed for 1 of 1 record reviewed of patients receiving therapy services at recertification creating the potential for treatment omission and patient harm affecting all patients of the agency receiving services longer than 60 days. (# 13)</p> <p>Findings include:</p>	N000524	Pursuant N 524 and 410 IAC 17-13-1(a) (1) Patient Care, The Agency recognizes there were systemic issues with regards to how the Agency managed externally contracted therapy services, as well as the particular contracted therapy services themselves and their ongoing inability to conform to the Agency's policies and procedures, and the therapy contractor's inability to consistently handle and document therapy orders. The	04/05/2013	

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	<p>1. Clinical record 13, start of care (SOC) 12/28/12, included a recertification assessment dated 2/25/13 performed by the physical therapist. The record failed to evidence a plan of care for the certification period beginning 2/26/13. The record failed to evidence a physician order to continue the patient for home care services and for physical therapy services.</p> <p>The clinical record evidenced the physical therapist made visits on 3/4/13 and 3/5/13.</p> <p>2. On March 18, 2013, at 3:45 PM, the Director of Nursing indicated the physical therapist did not get orders for visits after the recertification assessment visit and did not create a plan of care. Visits had been made without orders, and there was not a current plan of care for this patient.</p>		<p>records reviewed and cited were and were representative of therapy contractor's work and the lack of consistent, direct management by the Agency. Agency attests that the Administrator did (a) directly hire and orient, a NEW Physical Therapist as internal Agency staff and (b) did terminate the external Contracted Physical Therapists on 3-20-13. Administrator did meet with NEW Agency Physical Therapist to review Agency policy C-180 "Plan of Care," CMS and State guidelines, as well as recent audit findings. The standard for documentation, development of a Plan of Care, 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 and Administrator to monitor. Effective 03-25-13 100% of new physical therapist discipline orders are reviewed by Agency Director of Nursing and Administrator. New staff therapist is to have daily interaction with Administrator to monitor frequency, orders, and documentation. The office then signs off on the order and notifies</p>		

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			<p>the respective discipline with either changes or approval for them to contact the physician for a verbal order within 24 hours. Obtained Verbal Orders are faxed to the Physician for signature, followed by additional follow-up by Administrator and Administrative Nurse within 48 hours by phone and fax as needed. 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 3-25-13 for Agency Administrator, Agency Director of Nursing and Agency Administrative Nurse to compare scheduled frequency with current order, goals, and missed visit documentation. These cumulative efforts have increased management and accountability over the disciplines and into the supervision of Administrator and the Director of Nursing. The Agency has also hired an additional RN and currently contracting with an additional third-party Contract RN Agency, Maxim Staffing to provide additional nursing support (along with Picc Fusion) so Agency Director of Nursing can manage and supervise activities and the delivery of safe care to our patients. The Agency is still in the process of hiring additional staff RN's as well. Director of</p>	

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			Nursing is aware of Agency policy C-180 "Plan ofCare," and with the additional help of the Administrator and Alt. Administrator has been able to monitor and maintain said policy. Administrator's involvement and direction in the following, tracking the daily documentation is paramount for setting the standard for the staff and disciplines. Requests for additional documentation are reported to the Alternate Administrator and they notify involved disciplines via email and/or phone same day.		