

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157577		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  05/15/2012	
NAME OF PROVIDER OR SUPPLIER  ABC HOMECARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 138 W CARMEL DR CARMEL, IN 46032			
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G0000	<p>This visit was a Home Health federal recertification survey. This was an extended survey.</p> <p>Survey date: 5/9/12 to 5/15/12</p> <p>Facility #: 004804</p> <p>Medicaid vendor #: 200828410</p> <p>Surveyors: Tonya Tucker, RN, PHNS Team leader Bridget Boston, RN , PHNS Team member</p> <p>Census: 84</p> <p>ABC Home Care is precluded from providing it's own home health aide training and competency evaluation program for a period of two years beginning 5/15/12 through 5/15/14 for being found out of compliance with the Conditions of Participation 42 CFR 484.16: Group of Professional Personnel and 484.52: Evaluation of the Agency's Program.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 24, 2012</p>			G0000			

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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G0121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD 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 policy, the agency failed to ensure employees provided services in accordance with agency policy and Centers for Disease Control infection control policies and procedures for "Standard Precautions" in 1 of 2 home visit observations made with a home health aide (employee B) and 1 of 3 home visit observations made with a skilled nurse (employee G) creating the potential for the transfer of disease causing organisms and the potential of infection to the patients for whom services were rendered, to all patients in which the employee rendered care, the patient's family members, other caregivers and friends, all family and contacts of the employee, and the community at large.</p> <p>The findings include:</p> <p>1. During home visit at 1:30 PM on 5/14/12, employee G was observed to provide incontinent care to patient # 9. Employee G donned gloves, provided incontinent care, then proceeded with the same gloves, to wipe around the patients</p>	G0121	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G121 All patients' households will receive written reminders of current CDC Guide line for Hand Hygiene in Health Care Settings in addition to Universal Precautions and Patient Rights. 06/08/12 All employees will receive written reminders of CDC Guideline for Hand Hygiene in Health Care Settings and Universal Precautions and patient rights. 06-08-12 Employee will receive signed receipt of CDC Standard Precautions and Guideline for Hand Hygiene to agency. 06-14-12 1. Staff was reeducated on Centers for Disease Control (CDC) infection control policies and procedures for "Standard Precautions" by</p>	06/14/2012			

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	<p>cecostomy site without changing her gloves and performing hand hygiene.</p> <p>2. On May 15, 2012, at 2 PM, the administrator indicated the personnel file for employee G, date of hire 1/3/07, a licensed practical nurse, failed to evidence any education and training since the year 2008 and there was not an agency policy for hand hygiene infection control.</p> <p>3. On 5-10-12 at 9 AM, employee B was observed to don gloves without washing her hands and providing a bath to patient #1. When she was finished, she removed her gloves but did not wash hands.</p> <p>4. The undated policy titled "Infection control, universal precautions, and waste</p>		<p>supervisory RN. Staff (employee G) provided return demonstrations of "standard precautions" 05-31-12 2. The personnel file for employee G will reflect educations and training of CDC "standard Precautions" 05-31-12 Agency hand hygiene policy will be included in infection control policies. 05-31-12 3. Staff was reeducated on Centers for Disease Control (CDC) infection control policies and procedures for "standard precautions" by supervisory RN. Staff (employee B ) provided return demonstrations of "standard precautions" 06-07-12 4. Staff was reeducated on agency hand hygiene policy portion of Page 2 #2 All current policies will be reviewed with acceptance dates clarified. New policies will be dated upon acceptance by PAB and reviewed annually. 06-01-12 5. Infection control policies will reflect CDC "Guideline for Hand Hygiene in Health-care Settings", as well as, CDC Infectious Control Policies and Procedures for "Standard Precautions". 06-01-12</p>				

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	<p>management" states, "Handwashing is the single most effective way to prevent the transmission of infection."</p> <p>5. The CDC Morbidity and Mortality Weekly Report (MMWR) October 25, 2002, Volume 51 No. RR-16 "Guideline for Hand Hygiene in Health-Care Setting" states, "Recommendations: Indications for handwashing and hand antisepsis . . . Decontaminate hands before having direct contact with patients . . . Decontaminate hands after contact with a patient's intact skin . . . Decontaminate hands if moving from a contaminated body site to a clean body site during patient care. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. Decontaminate hands after removing gloves."</p>				

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G0133	<p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, organizes and directs the agency's ongoing functions; maintains ongoing liaison among the governing body, the group of professional personnel, and the staff.</p> <p>Based on administrative document and policy review, and interview, the administrator failed to ensure the ongoing quality assurance (QA) program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improved patient care and maintained liaison with the group of professional personnel in 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>The findings include:</p> <p>Related to the QA program:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group, which participated in the agency review of agency policies, agency development and future planning, and participated in the agency's annual evaluation. She indicated the owner of the agency maintained the minutes of the</p>	G0133	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The</p>	06/27/2012			

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	<p>professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices were reviewed.</p> <p>2. On May 15, 2012, at 4 PM, the administrator indicated she did not have evidentiary evidence the agency monitors care and services provided by the agency staff for infection control precautions.</p> <p>3. On May 15, 2012, at 4:43 PM, the administrator indicated the agency was not able to evidence a review of the agency policies and procedures and an agency wide ongoing quality assurance program.</p> <p>4. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies,</p>		<p>following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G133 Administrator/DON will initiate a plan and monitor all patient care. Will create a quality assurance program to ID problem areas and to create a plan of correction. Will ensure lines of communication are kept open between governing body, professional personnel and staff. 06-27-12 1. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 2. All employees will receive written guidelines of CDC Infection control policies and procedures for "Standard Precautions" upon hire and annually. 06-08-12 Written confirmation will be</p>				

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	<p>medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>Related to the professional advisory group:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing</p>		<p>placed in personal files. 06-14-12</p> <p>3. Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/ areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done Q6months 06-27-12</p> <p>4. Agency will provide more specific minutes of meetings with listings of all policy &amp; procedures that are discussed reviewed, and approved. 06-27-12</p> <p>5. Agency will provide more specific minutes of meetings with listings of all policy and procedures that are discussed reviewed and approved. 06-27-12</p> <p>G133 1. Agency will provide documentation of entire PAB-including medical director, administrator/DON, and other appropriate professional representative. 06-27-12</p> <p>2. Specific minutes will be kept of PAB meetings including QA summary, audits and review summary and will be placed in agency manual. 06-22-12</p>				

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	<p>indicated there was no documentation to evidence an identifiable professional advisory group. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems.</p>						

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	Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."				

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G0134	<p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations.</p> <p>Based on administrative document, policy and clinical record review, observation, and interview, the administrator failed to ensure all of the agency personnel who completed a prothrombin time (PT) and international normalized ratio (INR) by means of the agency's coagmeter received adequate education on the proper procedures for use, storage, and maintenance for 1 of 1 employee identified and utilized the coagmeter (employee H) and failed to ensure all staff received education and were supervised and monitored for infection control procedures for 1 of 2 licensed practical nurse files reviewed (employees G) with the potential to affect all the patients served by the agency.</p> <p>Findings include:</p> <p>1. Clinical record # 8 evidenced skilled nurse visit notes completed by employee H, the assistant director of nursing, dated February 2, 16, and 23; March 1, 15, and 29; April 12; and May 3, 2012, that included documentation the patient's prothrombin time (PT) and international</p>	G0134	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G134 Administrator will develop in-service program for new equipment to be used by professional staff. Will be monitored by administrator or designated alternate. 1. All staff who have been identified as potential users of CoaguChek Xs machine will a. Watch training DVD which provides step by step instructions or setting up meter, preparing for and performing a blood test, and cleaning the meter b. Become familiar with user manual c. Become familiar with getting started guide d. Become familiar with package inserts for test strips and lancets e. Complete operator certification checklist f. Become familiar with</p>	06/08/2012			

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	<p>normalized ratio (INR) was measured during the skilled nurse visits and reported to the physician.</p> <p>A. On May 15, 2012, at 1:45 PM, the administrator presented the agency's coagmeter; the name on the box was CoaguChek XS System. A hand written note inside the box indicated the device was due for a battery change in July of 2011 indicating the meter had been used for a minimum of 9 months without the battery being replaced. The administrator indicated the device was used in the patients' homes for the purpose of measuring a patients' blood for PT and INR and indicated she had no documentation to evidence the staff who used the device were trained on the correct use, storage, and maintenance of the device.</p> <p>B. On May 15, 2012 at 5 PM, employee H indicated she had two current patients for which she was using the coagmeter to measure the patients' PT and INR.</p> <p>C. The undated policy titled "PT / INR Point of Care by Finger stick" stated, "SN (skilled nurse) will do the testing according to the machine manufactures instructions."</p>		<p>system policy and procedure manual g. Will take operator certification test and pass at 88% (miss 2) h. Staff will be evaluated Q 6 months. All documentation will be kept in personnel files 06-08-12 G134 A. Battery indicator on machine in 4 segments – should allow 300 tests – To replace batteries when only one segment remains as stated in manual provided by Roche Diagnostics. 06-08-12 C – In-service program will be written and implemented for all identified users of CoaguChek Xs System ( see G 134#1) 06-08-12 G134 2. Staff was reeducated on Centers for Disease Control (CDC) infection control policies and procedures for “standard precautions” by supervisory RN. Staff (employee G) provided return demonstrations of “standard precautions” 05-31-12 The personnel file for employee G will reflect educations and training of CDC “standard Precautions” 05-31-12 Agency hand hygiene policy will be included in infectious control policies. 05-31-12</p>				

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	<p>2. During home visit at 1:30 PM on 5/14/12, employee G was observed to provide incontinent care to patient # 9. Employee G donned gloves, provided incontinent care, then proceeded with the same gloves, to wipe around the patients cecostomy site with out changing her gloves and performing hand hygiene.</p> <p>On May 15, 2012 at 2 PM, the administrator indicated the personnel file for employee G, date of hire 1/3/07, a licensed practical nurse, failed to evidence any education and training since the year 2008 and there was not an agency policy for hand hygiene infection control.</p>			

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G0144	<p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>Based on clinical record and policy review, home visit observation and interview, the agency failed to ensure coordination of care was maintained with other entities that had provided services in 2 (# 9 and 10) of 2 clinical records reviewed of patients identified as received additional services from other entities.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Clinical record # 9, start of care 1/3/07, indicated the patient required 24 hour care. The clinical record failed to include any coordination of care with the other agencies providing care.</li> </ol> <p>During a home visit on 5/14/12 at 1:30 PM, the caregiver and employees F and G confirmed additional care and services were provided by multiple care providers.</p> <ol style="list-style-type: none"> <li>Clinical record # 10, start of care 2/8/11, indicated the patient required 24 hour care and had a baclofen pump. The clinical record failed to include any coordination of care with the other agencies providing care.</li> </ol>	G0144	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate.</p>	06/27/2012	

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	<p>During a home visit on 5/14/12 at 1:30 PM, the caregiver indicated the patient's baclofen pump was cared for and filled within the previous 2 weeks by another home health agency.</p> <p>3. On May 15, 2012 at 4:10 PM, the administrator indicated clinical records 9 and 10 failed to evidence coordination of care with the multiple care providers in the patients home. She indicated the coordination of care was to be documented within the case conference notes.</p> <p>4. The undated policy titled "Case Management / Coordination of Services" stated, "All personnel providing services will maintain liaisons to assure that their efforts effectively compliment each other and support the objective outlined in the plan of treatment. At least every sixty days documentation should be made in the clinical record to reflect that an exchange for coordinated patient evaluation has been carried out."</p>		<p>Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G144 Administrator/DON or designated alternate will ensure effective interchange, reporting, and coordination of care will occur with all providers of care.</p> <p>06-27-12 1 Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible. 06-27-12 2 Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible. 06-27-12 3 Agency will determine a common area in clients chart to document all providers. 06-27-12 Agency will document more clearly Q60 day's coordination of care with all providers. 06-27-12</p>		

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G0150	<p>484.14(j) LABORATORY SERVICES</p> <p>(1) If the HHA engages in laboratory testing outside of the context of assisting an individual in self-administering a test with an appliance that has been cleared for that purpose by the FDA, such testing must be in compliance with all applicable requirements of part 493 of this chapter.</p> <p>(2) If the HHA chooses to refer specimens for laboratory testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of part 493 of this chapter.</p> <p>Based on clinical record and document review and interview, the agency failed to ensure the agency obtained a CLIA certificate for the level of testing the staff performed for 1 of 1 clinical record reviewed (# 8) of patients with lab testing orders with the potential to effect all the patients with physician orders for laboratory testing and interpretation.</p> <p>Findings include:</p> <p>1. Clinical record # 8 evidenced skilled nurse visit notes completed by employee H, the assistant director of nursing, dated February 2, 16, and 23; March 1, 15, and 29; April 12; and May 3, 2012, that included documentation the patient's prothrombin time (PT) and international normalized ratio (INR) was measured during the skilled nurse visits and</p>	G0150	The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G150 Administrator/DON or designated alternate will ensure all necessary documentation will be onsite of or any equipment used in homes for medical testing. 2. Application was submitted for Clia Waiver 05-30-12 3 Application was submitted or Clia Waiver 05-30-12 4 All staff who have been identified as potential users of CoaguChek Xs machine.	06/14/2012			

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	<p>reported to the physician.</p> <p>2. Review of agency documents failed to evidence the agency had a CLIA certificate.</p> <p>3. On May 15, 2012, at 10:30 AM, employee E indicated the agency did not have a CLIA certificate of any kind.</p> <p>4. On May 15, 2012, at 1:45 PM, the administrator presented the agency's coagmeter; the name on the box was Coaguchek XS System. A hand written note inside the box indicated the device was due for a battery change in July of 2011 indicating the meter had been used for a minimum of 9 months without a new battery. The administrator indicated the device was used in the patients' homes for the purpose of measuring a patients blood for prothrombin time (PT) and international normalized ratio (INR) and she had no documentation to evidence the staff who used the device were trained on the correct use, storage, and maintenance of the device.</p> <p>4. On May 15, 2012, at 5 PM, employee H indicated she had two current patients for which she was using the coagmeter to measure the patient's PT and INR.</p> <p>5. The undated policy titled "PT / INR</p>		<p>Watch training DVD which provides step by step instructions for setting up meter, preparing for and performing a blood test, and cleaning the meter. 06-08-12 5 Current policy will be reviewed. Policy will be amended to include a training program for the use of machine and cleaning of machine. 06-14-12</p>		

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	Point of Care by Finger stick" stated, "SN (skilled nurse) will do the testing according to the machine manufactures instructions."				

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G0151	<p>484.16 GROUP OF PROFESSIONAL PERSONNEL</p> <p>Based on policy and administrative document review and interview, it was determined the agency failed to ensure a group of professional personnel was formed and included representation from physical therapy, occupational therapy, and home health aide (See G 152); failed to ensure a group of professional personnel was formed that reviewed and approved the agency's policies and participated in a plan for the annual program evaluation (See G 153); failed to ensure there is a specific group of professional personnel committed to participate in an ongoing evaluation of the agency's program and assist in maintaining liaison with other health care providers in the community and in the agency's community information program (See G 154), and failed to ensure the group of professional personnel's meetings are documented by dated minutes (See G 155).</p> <p>The cumulative effect of this systemic problem has resulted in the agency being out of compliance with the Condition of Participation 484.16: Group of Professional Personnel resulting in the potential to affect all the patients of the agency.</p>	G0151	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of</p>	06/27/2012			

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			<p>changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G 151 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12</p> <p>Administrator/DON will initiate a plan and monitor all patient care. Will create a quality assurance program to ID problem areas and to create a plan of correction. Will ensure lines of communication are kept open between governing body, professional personnel and staff. 06-27-12 Agency will provide more specific minutes of meetings with listings of all policy/procedures that are discussed, reviewed, and approved. 06-27-12</p> <p>Administrator/DON or designated alternate will ensure effective interchange, reporting, and coordination of care will occur with all providers of care. 06-27-12</p>	

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G0152	<p>484.16 GROUP OF PROFESSIONAL PERSONNEL A group of professional personnel includes at least one physician and one registered nurse (preferably a public health nurse), and appropriate representation from other professional disciplines.</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure a group of professional personnel was formed and included representation from physical therapy, occupational therapy, and home health aide in 1 of 1 agency with the potential to effect all patients of this agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board</p>	G0152	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON</p>	06/27/2012			

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	<p>Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of</p>		<p>or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G152 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 A. Agency annual evaluation will be done yearly. Evaluation documentation will be reviewed and approved by PAB. Documentation will be kept in agency manual. 06/27/2012 B. Minutes of PAB will be more specific. Meetings will have entire PAB present, if possible. 06/27/2012</p>		

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	<p>community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>						

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G0153	<p>484.16 GROUP OF PROFESSIONAL PERSONNEL 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 administrative document and policy review and interview, the agency failed to ensure a group of professional personnel was formed that reviewed and approved the agency's policies and participated in a plan for the annual program evaluation in 1 of 1 with the potential to effect all patients of this agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to</p>	G0153	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our</p>	06/27/2012			

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	<p>provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies,</p>		<p>understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G153 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 1 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/ areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done every 6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all P/P that are discussed reviewed, and</p>				

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	<p>medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>		<p>approved. 06-27-12 a. Agency annual evaluation will be done yearly. Evaluation documentation will be reviewed and approved by PAB. Documentation will be kept in agency manual. 06/27/2012 b. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 2. Policy "Professional Advisory Board" will be dated. 06/27/2012 3. Policy "Annual Program Evaluation" will be dated. 06/27/2012</p>		

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G0154	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel meets frequently to advise the agency on professional issues, to participate in the evaluation of the agency's program, and to assist the agency in maintaining liaison with other health care providers in the community and in the agency's community information program.</p> <p>Based on agency administrative document and policy review and interview, the agency failed to ensure there was a specific group of professional personnel committed to participate in an ongoing evaluation of the agency's program and assist in maintaining liaison with other health care providers in the community and in the agency's community information program in 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home</p>	G0154	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit</p>	06/27/2012			

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	<p>computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of</p>		<p>interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G 154 1. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 A. Agency will do annual agency evaluations. 06/27/12 B. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 2. Policy will</p>		

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	<p>policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>		<p>be dated – minutes must be more specific. 06/27/12 Policy will be dated - Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/ areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done Q6months 06-27-12</p>		

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G0155	<p>484.16(a) ADVISORY AND EVALUATION FUNCTION The group of professional personnel's meetings are documented by dated minutes. Based on agency administrative document and policy review and interview, the agency failed to ensure the group of professional personnel's meetings were documented by dated minutes in 1 of 1 agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated</p>	G0155	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be</p>	06/27/2012			

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	<p>4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's</p>		<p>trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G155 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 1. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 a. Agency will do annual agency evaluations. b. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in</p>		

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	<p>programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>		<p>November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 2. Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Policy will be dated - Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done Q6months 06-27-12</p>		

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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 review, observation, policy review, and interview, the agency failed to ensure visits and treatments were provided as ordered on the plan of care (POC) for 4 of 10 patients with the potential to affect all the agency's patients. (#1, 3, 5, and 8)</p> <p>Findings:</p> <p>1. On 5-9-12 at 9 AM, patient #1 was observed in a bed with side rails down. The POC for the certification period 3-18-12 to 5-16-12 identified seizure and fall precautions.</p> <p>A. The undated policy titled "SEIZURE HEALTH MANAGEMENT PLAN" states, "Nursing Interventions:...</p> <p>3. Provide safe environment: bed low position, pad rails, remove clutter, and protective head gear if needed."</p> <p>B. On 5-9-12 at 9:20 AM, employee B, home health aide, indicated the side rails were not used because the patient doesn't move unless they move him and it was not a fall hazard.</p>	G0158	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON</p>	06/28/2012			

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	<p>2. On 5-10-12 at 12:15 PM, employee I, home health aide, was observed applying TED hose to patient #3. The POC for the certification period 3-28-12 to 5-26-12 failed to evidence an order for TED hose.</p> <p>3. Clinical Record #5 contained "Home Health Aide Report(s)" dated March 3, 11-22, 24, 25, 27-29, and 31; April 1-6, 9-11, and 15-30; and May 1-5, 2012, identified the aide performed range of motion exercises. The plans of care for the certification periods 2-16-12 to 4-15-12 and 4-16-12 to 6-14-12 failed to evidence an order for range of motion.</p> <p>A. The undated "Aide Care Plan" failed to evidence the aide had been assigned to perform range of motion.</p> <p>B. The "Homemaker Report's" dated March 5, 8, 12, 14,19, and 21 and April 9, 18, and 25, 2012, identified the homemaker performed dressing assistance. The plans of care for the certification periods 2-16-12 to 4-15-12 and 4-16-12 to 6-14-12 failed to evidence an order for dressing assistance.</p> <p>C. The undated "Homemaker Assignment Sheet" failed to evidence the homemaker had been assigned to assist in dressing.</p>		<p>or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G158 The administrator/DON or designated alternate will closely monitor frequency changes and ensure orders are written. 06-15-12 1. Agency must have MD orders to cover visits and should be written before visit is made. 06-15-12 3 Agency must have MD orders to cover visits and should be written before visit is made. 06-15-12 G158 Administrator/DON or designated alternate will ensure staff follows POC as directed by MD. 06/28/2012 1. Seizure policy will be signed. a. With total assessment, high risk issues should be correctly identified and addressed. Appropriate actions to be taken to ensure safety. If a client is determined to not need a certain safety factor, order must be written and to be well documented in case management. 06-28-12 b. With total assessment, high risk issues should be correctly identified and addressed. Appropriate actions to be taken to ensure safety. If a</p>				

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	<p>4. Clinical record # 8 evidenced a plan of care for the certification periods 2/2/12 through 4/1/12 and 4/2/12 through 5/31/12 with orders for skilled nurse every other week for 9 weeks "or as ordered." The clinical record evidenced the last 3 skilled nurse visits were made by employee H on March 29, April 12, and May 3, 2012. The clinical record failed to evidence a physician order to change the frequency of the skilled nurse visits.</p> <p>5. On May 15, 2012, at 4 PM, employee H indicated she was the only nurse to make home visits to this patient's home and had not made a visit between April 12</p>		<p>client is determined to not need a certain safety factor, order must be written and to be well documented in case management. 06-28-12 2. POC must be complete and cover all treatments. New treatments will be covered by orders. 06-28-12 3. Reeducate all HH Aides on following care plans. HH Aides to chart according to care plans. 06-28-12 a. Undated care plan was newly copied – not due yet – dated copy under new one. 06-28-12 b. Reeducate homemaker's on allowable duties – to chart according to care plan. 06-28-12 Reeducate homemaker's on allowable duties – to chart according to care plan. 06-28-12</p>		

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	and May 3, 2012.  6. On May 15, 2012, at 4:04 PM, employee E indicated she did not have any documentation to evidence a change in the frequency of the skilled nurse visits.				

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G0159	<p><b>484.18(a) PLAN OF CARE</b></p> <p>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, observation, and interview, the agency failed to ensure that TED hose were included on the plan of care for 1 of 10 records reviewed with the potential to affect all the agency's patients. (#3)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 5-10-12 at 11:45 AM, patient #3 was observed wearing TED hose. The plan of care for the certification period 3-28-12 to 5-26-12 failed to evidence the patient wore TED hose.</li> <li>On 5-11-12 at 1:25 PM, the alternate administrator indicated she was unable to locate any other documentation regarding the TED hose.</li> </ol>	G0159	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are</p>	06/28/2012			

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G0165	<p>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Drugs and treatments are administered by agency staff only as ordered by the physician.</p> <p>Based on clinical record review, observation, and interview, the agency failed to ensure treatments were administered as ordered by the physician for 1 of 10 clinical records reviewed. (# 9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record # 9, start of care 1/3/07, included a physician order dated 4/17/12 written by employee G that stated, "Clarification of cecostomy order. Clamp tube at night. Leave to drain bag during day. ... Continue to flush cecostomy QD [every day]."</li> <li>2. During a home visit on 5/14/12 at 1:30 PM, patient # 9 presented without a drainage bag. Employee G indicated the patient was not receiving a daily flush.</li> <li>3. On May 15, 2012, at 4:10 PM, the administrator indicated the clinical record failed to evidence an order to discontinue the daily flush.</li> </ol>	G0165	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case</p>	06/28/2012	

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			Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G165 Administrator/DON or designated alternate will ensure all orders will be up to date, so staff in field will be able to provide care as ordered. 06/28/2012 1. Field nurses will be reeducated on how to update office with order changes. Ie. Phone calls, faxes, etc. 06-28-12 2. Field nurses will be reeducated on how to update office with order changes. Ie. Phone calls, faxes, etc. 06-28-12 Field nurses will be reeducated on how to update office with order changes. Ie. Phone calls, faxes, etc. 06-28-12		

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G0172	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs.</p> <p>Based on clinical record review and policy review, the agency failed to ensure the registered nurse reevaluated the patient's needs by the completion of a comprehensive assessment within 48 hours of the patients return home from a hospital admission for 1 of 4 records reviewed of patients that had been hospitalized with the potential to affect all the agency's patients who are hospitalized. (#2)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Clinical record #2 identified the patient was hospitalized on April 29, 2012, and returned home on May 1, 2012. The record evidenced a resumption of care comprehensive assessment dated 5-4-12 which contained only vital signs, signature of the nurse, and date.</li> <li>2. The undated policy titled "Follow-up comprehensive assessment and OASIS data collection" states, "Resumption of care After discharge from an inpatient facility for 24 hours or more for any reason other than diagnostic testing when the patient is resumed for care by the agency."</li> </ol>	G0172	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be</p>	06/28/2012			

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	3. On May 15, 2012, at 4:28 PM, employee H indicated she had not documented the visit she made on May 4, 2012, and presented a document titled "Comprehensive Adult Nursing Assessment" dated "5/10/10" that included only the patient's name, the vital signs, and the signature of the registered nurse, employee H. The administrator / director of nursing indicated the agency did not have an agency policy regarding when the staff were expected to document and complete visit notes.		trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G172 Administrator/DON or designated alternate will create a policy regarding completion of documentation. 06/28/2012 Skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-28-12 1. Skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-28-12 Skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-28-12		

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G0175	<p><b>484.30(a)</b> <b>DUTIES OF THE REGISTERED NURSE</b> The registered nurse initiates appropriate preventative and rehabilitative nursing procedures.</p> <p>Based on clinical record review, observation, and interview, the agency failed to ensure the registered nurse made arrangements for fixing broken equipment and obtaining the right equipment for 2 of 10 records reviewed with the potential to affect all the agency's patients. (#1, 3)</p> <p>Findings:</p> <p>1. On 5-10-12 at 9:35 AM, patient #1 was observed being physically lifted and placed into wheelchair by home health aide, employee B. The plan of care (POC) and the aide care plan for the certification period 3-18-12 to 5-16-12 evidenced the use of a Hoyer.</p> <p>On 5-10-12 at 8:59 AM, the home health aide, employee B, indicated the Hoyer was in the garage and not being used because it is too large for the patient.</p> <p>2. On 5-10-12 at 11:45 AM, patient #3 indicated her walker had a seat that was broken and also had brakes that did not work. The POC and the aide care plan for certification period 3-28-12 to 5-26-12 evidenced the use of a walker.</p>	G0175	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case</p>	06/28/2012			

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			Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G175 Administrator/DON or designated alternate will ensure clients have appropriate and safe equipment. 06/28/2012 1. Supervisory nurse to monitor equipment in home. To document in case management the addition or deletion of equipment. To update care plans as necessary. 06-28-12 Skilled nurse needs to document in case management steps that have been taken to repair equipment, who is responsible for the repair, and who is responsible for payment of repair. 06-28-12		

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G0176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse coordinated care with other entities that provided services in 2 (# 9 and 10) of 2 clinical records reviewed of patients identified as receiving services from other entities.</p> <p>Findings include:</p> <p>1. Clinical record # 9, start of care 1/3/07, indicated the patient required 24 hour care. The clinical record failed to include any coordination of care with the other agencies providing care.</p> <p>During a home visit on 5/14/12 at 1:30 PM, the caregiver and employees F and G confirmed additional care and services were provided by multiple care providers.</p> <p>2. Clinical record # 10, start of care 2/8/11, indicated the patient required 24 hour care and had a baclofen pump. The clinical record failed to include any coordination of care with the other agencies providing care.</p>	G0176	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate.</p>	06/27/2012			

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	<p>During a home visit on 5/14/12 at 1:30 PM, the caregiver indicated the patient's baclofen pump was cared for and filled within the previous 2 weeks by another home health agency.</p> <p>3. On May 15, 2012 at 4:10 PM, the administrator indicated clinical records 9 and 10 failed to evidence coordination of care with the multiple care providers in the patients home. She indicated the coordination of care was to be documented within the case conference notes.</p> <p>4. The undated policy titled "Case Management / Coordination of Services" stated, "All personnel providing services will maintain liaisons to assure that their efforts effectively compliment each other and support the objective outlined in the plan of treatment. At least every sixty days documentation should be made in the clinical record to reflect that an exchange for coordinated patient evaluation has been carried out."</p>		<p>Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G176 Administrator/DON or designated alternate will ensure coordination of care. 06/27/2012 Administrator/DON or designated alternate will ensure effective interchange, reporting, and coordination of care will occur with all providers of care. 06-27-12 1. Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible. 06-27-12 2. Agency will designate a common area in clients chart to document al providers of care with phone number and contact person if possible. 06-27-12 3. Agency will determine a common area in clients chart to document all providers. 06-27-12 4. Agency will document more clearly Q60 day's coordination of care with all providers. 06-27-12 Supervisory nurses to document that coordination of care is done Q60 days, in case management as well as case conference. 06-27-12</p>		

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G0215	<p>484.36(b)(2)(iii) COMPETENCY EVALUATION &amp; IN-SERVICE TRAI</p> <p>The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient.</p> <p>Based on personnel record review and interview, the registered nurse failed to ensure home health aides received at least 8 hours of in-service training in the required subject areas and a total of 12 hours during the 2011 calendar year for 1 of 4 home health aide inservice files reviewed (A).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel file A, date of hire 2/1/07, failed to evidence the required inservice for the home health aide. The file evidenced one post test dated 11/12/11 and titled "Skin Care."</li> <li>2. On May 10, 201,2 at 3:38 PM, the administrator indicated she could not provide documentation to evidence employee A received required inservice during the year 2011.</li> </ol>	G0215	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G215 Administrator/DON or designated alternate will ensure HH Aides will receive appropriate in-services.</p> <p>1. All HH aide employee files will be reviewed. Outstanding in-services will be completed. A "tickler" file will be implemented to allow better tracking. 06-15-12 All HH aide employee files will be reviewed. Outstanding in-services will be completed. A "Tickler" file will be implemented to allow better tracking. 06-15-12</p>	06/15/2012	

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G0229	<p>484.36(d)(2) SUPERVISION</p> <p>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 review and interview, the agency failed to ensure that the registered nurse made a supervisory visit every two weeks for 2 of 9 records reviewed of patients with skilled and home health aide services with the potential to affect all the agency's patients. (#3 and 8)</p> <p>Findings:</p> <p>1. On 5-11-12 at 11:50 AM, clinical record #3 included a plan of care for certification period 3-28-12 to 5-26-12 with orders for home health aide services. The record evidenced supervisory visits were made on 4-2-12 and 4-30-12.</p>	G0229	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate.</p>	06/27/2012	

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	2. Clinical record # 8 evidenced a plan of care for the certification periods 2/2/12 through 4/1/12 and 4/2/12 through 5/31/12 with orders for home health aide 1 - 3 times per week for 9 weeks and a skilled nurse every other week for 9 weeks "or as ordered." The clinical record evidenced home health aide visits were made by employee K on April 2, 4,		Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G229 Administrator/DON or designated alternate will monitor frequency of skilled visits by completing chart audits Q 2wks X 2 then Q 60 days. 06-27-12 Administrator/DON or designated alternate will develop flow chart for monitoring supervisory visits. All case managers will utilize to ensure Supervisory visits are timely. 06-27-12 SN's will do a supervisory visit note each SN visit. Primary nurse will update flow sheet weekly noting last skilled visit and when the next one is due. The Administrator/DON or designated alternate will review monthly. 06-27-12		

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	<p>6, 9, 11, 13, 16, 18, 20, 23, 25, 27, and 30 and May 3 and 4, 2012. The clinical record failed to evidence the aide was supervised after March 29, 2012.</p> <p>3. On May 15, 2012, at 4 PM, employee H indicated she was the only nurse to make home visits to this patient's home and had not made a visit between April 12, and May 3, 2012.</p> <p>4. On May 15, 2012, at 4:04 PM, employee E was observed looking through the office for evidence of any supervision of the home health aide services provided to patient # 8 after March 29, 2012. She indicated she could not find any evidence the aide was supervised after March 29, 2012.</p>				

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G0236	<p>484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the agency maintained a current and complete clinical record for 1 of 10 records reviewed (#2) with the potential to affect all patient records.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Clinical record #2 identified the patient was hospitalized on April 29, 2012, and returned home on May 1, 2012. The record failed to evidence a resumption of care comprehensive assessment was completed.</li> <li>2. The undated policy titled "Follow-up comprehensive assessment and OASIS data collection" states, "Resumption of care After discharge from an inpatient facility for 24 hours or more for any reason other than diagnostic testing when the patient is resumed for care by the</li> </ol>	G0236	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are</p>	06/27/2012			

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	agency."  3. On May 15, 2012, at 4:28 PM, employee H indicated she had not documented the visit she made on May 4, 2012, and presented a document titled "Comprehensive Adult Nursing Assessment" dated "5/10/10" that included only the patient's name and vital signs and the signature of the registered nurse, employee H. The administrator / director of nursing indicated the agency did not have an agency policy regarding when the staff were expected to document and complete visit notes.		06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G236 Skilled nurse who does Oasis will complete form within 48hrs of visit. 06-27-12 Skilled nurse will copy front page of each completed Oasis form brought into the office. The copy of the front page will go to the DON so tracking of the timely completion of the Oasis can be monitored. 06-27-12 The skilled nurse will sign each copy that is made of the front sheet prior to submitting it to the DON to acknowledge ownership of the form. 06-27-12 The original completed Oasis form is to be submitted to the Oasis data entry coordinator or designated alternate so the Oasis data can be input into the Haven system within 7 days of its completion and transmitted to the state within 30 days. 06-27-12		

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G0242	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM</p> <p>Based on administrative document and policy review and interview, it was determined the agency failed to ensure a plan was in place for the ongoing annual evaluation of the agency's total program by the professional advisory group (See G 243 and G 244), failed to ensure a plan was in place for the ongoing annual evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective and efficient (See G 245), failed to ensure a plan was in place for the ongoing annual evaluation that identified issues that could be reported and acted upon by those responsible for the operation of the agency (See G 246), failed to ensure any tasks completed for the evaluation of the agency's total program were maintained as administrative records, (See G 247), failed to ensure a plan was in place for the ongoing annual evaluation that assessed the policies and administrative practices of the agency to determine the extent to which the promote patient care that is appropriate, adequate, effective and efficient (See G 248), and failed to ensure a plan was in place for collection of pertinent data to assist in evaluation (See G 249).</p>	G0242	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12</p>	06/27/2012			

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	The cumulative effect of these systemic problems has resulted in the agency being out of compliance with the Condition of Participation 484.52: Evaluation of the Agency's Program resulting in the potential to affect all the patients of the agency.		<p>which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors.</p> <p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes.</p> <p>G242 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12</p>		

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G0243	<p>484.52 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.</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for the ongoing annual evaluation of the agency's total program by the professional advisory group for 1 of 1 agency with the potential to effect all patients of this agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator</p>	G0243	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit</p>	06/27/2012			

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	<p>indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records,</p>		<p>interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G243 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter i.e. Policies that are reviewed. 06-27-12</p>				

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	<p>personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>						

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G0244	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation consists of an overall policy and administrative review and a clinical record review.</p> <p>Based on administrative document and policy review and interview, it was determined the agency failed to ensure a plan was in place for the ongoing annual evaluation of the agency's program for 1 of 1 agency with the potential to effect all patients of this agency.</p> <p>The findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p>	G0244	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate.</p>	06/27/2012			

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	<p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the</p>		<p>Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G244 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify and area/ areas of needed growth/improvement will develop plan of action with measurable goals with review to be done Q6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all policy &amp; procedures that are discussed reviewed, and approved. 06-27-12</p>				

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	<p>alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>4. Administrative documents failed to evidence the agency conducted an annual evaluation of its program which included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented.</p>						

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G0245	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation assesses the extent to which the agency's program is appropriate, adequate, effective and efficient.</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for an ongoing annual evaluation that assesses the extent to which the agency's program is appropriate, adequate, effective and efficient for 1 of 1 agency with the potential to effect all patients served by this agency.</p> <p>The findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board</p>	G0245	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate.</p>	06/27/2012	

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	<p>Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of</p>		<p>Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G245 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/ areas of needed growth/improvement will develop plan of action with measurable goals with review to be done Q6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all Policies and Procedures that are discussed reviewed, and approved. 06-27-12 2 Policy "Professional Advisory Board" will be dated.</p>		

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	<p>community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>				

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G0246	<p>484.52 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.</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for an ongoing annual evaluation that identified issues that could be reported and acted upon by those responsible for the operation of the agency for 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>The findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board</p>	G0246	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate.</p>	06/27/2012	

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	<p>Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of</p>		<p>Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G246 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/areas of needed growth/improvement will develop plan of action with measurable goals with review to be done Q6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all P/P that are discussed reviewed, and approved. 06-27-12 3 Policy "Annual Program Evaluation" will be dated.</p>		

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	<p>community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>4. Administrative documents failed to evidence the agency conducted an annual evaluation of its program which included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and</p>						

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G0247	<p>484.52 EVALUATION OF THE AGENCY'S PROGRAM Results of the evaluation are maintained separately as administrative records.</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure any tasks completed for the evaluation of the agency's total program were maintained as administrative records for 1 of 1 agency.</p> <p>The findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated</p>	G0247	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case</p>	06/27/2012			

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	<p>4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's</p>		<p>Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G247 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done Q6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all Policies and Procedures that are discussed reviewed, and approved. 06-27-12</p>				

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	<p>programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>3. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>			

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G0248	<p>484.52(a) POLICY AND ADMINISTRATIVE REVIEW 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 administrative document and policy review and interview, the agency failed to ensure a plan was in place for the ongoing annual evaluation that assessed the policies and administrative practices of the agency to determine the extent to which the promote patient care that is appropriate, adequate, effective and efficient for 1 of 1 agency with the potential to effect all patients served by this agency.</p> <p>The findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to</p>	G0248	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and</p>	06/27/2012			

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	<p>provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</p> <p>A. The most recent agency annual evaluation presented for review was dated 4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. On May 15, 2012, at 4:08 PM, employee E indicated there was not an agency system in place that identified when a specific policy and procedure was approved.</p> <p>3. On May 15, 2012, at 4:43 PM, the administrator indicated she had no evidence of annual evaluations and no documentation of an ongoing plan.</p> <p>4. The undated policy titled "Professional Advisory Board" provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one</p>		<p>monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G248 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done Q6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all Policies and Procedures that are discussed reviewed, and approved. 06-27-12</p>				

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	<p>physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee. Agency Evaluation: Agency Agency Review 1. A review of the agency's total program is done yearly by the Professional Advisory Board. ... Goals: ... Toward achievement of these goals, ABC Home Care will annually identify specific measurable goals and actions or plans. Administrative and clinical staff will have input into and participate in the review and planning</p>			

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	<p>process."</p> <p>5. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>				

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G0249	<p>484.52(a) POLICY AND ADMINISTRATIVE REVIEW Mechanisms are established in writing for the collection of pertinent data to assist in evaluation.</p> <p>Based on administrative document and policy review and interview, the agency failed to ensure a plan was in place for collection of pertinent data to assist in evaluation for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group which participated in the agency review of agency policies, agency development and future planning, and in the agency's annual evaluation for the past 2 years. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices and procedures were reviewed. The administrator indicated she had written the document titled "Professional Advisory Board Meeting" dated 11/9/11.</li> </ol> <p>A. The most recent agency annual evaluation presented for review was dated</p>	G0249	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case</p>	06/27/2012			

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	<p>4/15/09.</p> <p>B. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. On May 15, 2012, at 4:08 PM, employee E indicated there was not an agency system in place that identified when a specific policy and procedure was approved.</p> <p>3. On May 15, 2012, at 4:43 PM, the administrator indicated she had no evidence of annual evaluations and no documentation of an ongoing plan.</p> <p>4. The undated policy titled "Professional Advisory Board" provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the</p>		<p>Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G249 Professional Advisory Group consists of MD, owner, administrator/DON, and appropriate representation from other professional disciplines. Meets 2X a year usually spring and fall. Last meeting was in November 2011. Minutes are kept in agency manual. Minutes will become more specific as to subject matter ie. Policies that are reviewed. 06-27-12 Agency policies and procedures will be reviewed by PAB yearly including agency annual program review. Quality assurance program will identify an area/areas of needed growth/improvement and will develop plan of action with measurable goals with review to be done Q6 months 06-27-12 Agency will provide more specific minutes of meetings with listings of all policy and procedures that are discussed reviewed, and approved. 06-27-12</p>				

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	<p>establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee. Agency Evaluation: Agency Agency Review 1. A review of the agency's total program is done yearly by the Professional Advisory Board. ... Goals: ... Toward achievement of these goals, ABC Home Care will annually identify specific measurable goals and actions or plans. Administrative and clinical staff will have input into and participate in the review and planning process."</p> <p>5. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the</p>			

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	<p>Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>6. Administrative documents failed to evidence the agency conducted an annual evaluation of its program which included a review of policies and procedures and an administrative review, including criteria to prioritize the resolution of any identified problems, and address how monitoring of the effectiveness of the program would be accomplished and documented.</p>						

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G0337	<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 and policy review and interview, the agency failed to ensure the patient's medications were reviewed as part of the comprehensive assessment to identify any potential adverse effects and drug reactions, ineffective drug therapy, significant side effects and drug interactions, duplicate drug therapy, and noncompliance with drug therapy for 3 of 10 clinical records reviewed with the potential to affect all the agency's patients. (patients 8, 9, and 10)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record # 8 evidenced employee H completed the recertification assessment on 3/29/12. The record failed to evidence a review of the medications that included all the required elements was completed with the updated comprehensive assessment.</li> <li>2. Clinical record # 9 evidenced a resumption of care assessments dated</li> </ol>	G0337	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit</p>	06/27/2012			

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	<p>3/3/12 and 3/16/12 and a recertification dated 4/5/12 documented as completed by employee J, a registered nurse. The record failed to evidence the registered nurse completed a review of the medications that included all the required elements was completed with the updated comprehensive assessment.</p> <p>A. The clinical record evidenced a licensed practical nurse reviewed the medications on 3/6/12.</p> <p>B. On May 15, 2012, at 4:25 PM, the administrator indicated she reviewed the medication list on 4/5/12 and reviewed the medications for duplicated medications but did not review the medications to identify any potential adverse effects and drug reactions, ineffective drug therapy, significant side effects and drug interactions, and noncompliance with drug therapy as she does not make home visits and, therefore, depends on the registered nurse that is in the home to inform her.</p> <p>3. Clinical record # 10 evidenced a recertification dated 3/29/12 documented as completed by employee J, a registered nurse. The record failed to evidence a review of the medications that included all the required elements was completed with the updated comprehensive</p>		<p>interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G337 Administrator/DON or designated alternate will implement a policy for documentation of medication review. 1. On reassessment agency will document medication review by resigning medication sheets and documenting in case management. 06-27-12 2. On reassessment – as stated above. On resumption of care. The oasis reflects drug regimen review M2000, M2002, M2010, M2020, M2030. Further documentation should be reflected in case management. 06-27-12 3. On reassessment – as stated above. On resumption of care. The oasis reflects drug regimen review M2000, M2002, M2010, M2020, M2030. Further documentation should be reflected in case management. 06-27-12 On reassessment – as stated above. On resumption of care. The oasis reflects drug regimen review M2000, M2002,</p>				

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	assessment.  4. The undated agency policies titled "Comprehensive Assessment and OASIS Data Collection Start of Care" and "Follow Up Comprehensive Assessment" failed to include specific requirements and procedures regarding the review of all the patient's medications at the time of the comprehensive assessments.		M2010, M2020, M2030. Further documentation should be reflected in case management. 06-27-12		

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G0340	<p>484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT</p> <p>The comprehensive assessment must be updated and revised (including the administration of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.</p> <p>3. On May 15, 2012, at 4:28 PM, employee H indicated she had not documented the visit she made on May 4, 2012, and presented a document titled "Comprehensive Adult Nursing Assessment" dated "5/10/10" that included only the patient's name and vital signs and the signature of the registered nurse, employee H. The administrator / director of nursing indicated the agency did not have an agency policy regarding when the staff were expected to document and complete visit notes.</p>	G0340	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The</p>	06/27/2012	

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	<p>Based on clinical record review and policy review, the agency failed to ensure the registered nurse completed the resumption of care comprehensive assessment within 48 hours of the patients return home from a hospital admission for 1 of 4 records reviewed with the potential to affect all the agency's patients who are hospitalized. (#2)</p> <p>Findings:</p> <p>1. Clinical record #2 identified the</p>		<p>following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. G340 skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-27-12 Skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-27-12 Skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-27-12</p>		

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	<p>patient was hospitalized on April 29, 2012, and returned home on May 1, 2012. The record failed to evidence a resumption of care comprehensive assessment was completed.</p> <p>2. The undated policy titled "Follow-up comprehensive assessment and OASIS data collection" states, "Resumption of care After discharge from an inpatient facility for 24 hours or more for any reason other than diagnostic testing when the patient is resumed for care by the agency."</p>				

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N0444	<p>410 IAC 17-12-1(c)(1) Home health agency administration/management Rule 12 Sec. 1(c) An individual need not be a home health agency employee or be present full time at the home health agency in order to qualify as its administrator. The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (1) Organize and direct the home health agency's ongoing functions.</p> <p>Based on administrative document and policy review, and interview, the administrator failed to ensure the ongoing quality assurance (QA) program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improved patient care and maintained liaison with the group of professional personnel in 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>The findings include:</p> <p>Related to the QA program:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group, which participated in the agency review of agency policies, agency development and future planning, and</p>	N0444	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are</p>	06/27/2012			

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	<p>participated in the agency's annual evaluation. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices were reviewed.</p> <p>2. On May 15, 2012, at 4 PM, the administrator indicated she did not have evidentiary evidence the agency monitors care and services provided by the agency staff for infection control precautions.</p> <p>3. On May 15, 2012, at 4:43 PM, the administrator indicated the agency was not able to evidence a review of the agency policies and procedures and an agency wide ongoing quality assurance program.</p> <p>4. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the</p>		<p>06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N 444 The administrator/DON or designed alternate will initiate a plan and will monitor all patient care. Administrator/DON or designated alternate will create a quality assurance program to identify problem areas and to create a plan of correction. Administrator/DON or designated alternate will ensure lines of communication are kept open between governing body, professional personnel, and staff.</p> <p>06-22-12 1. Professional advisory board (PAB) consists of MD, owner, one registered nurse and appropriate representation from other professional disciplines. The PAB meets twice a year, usually in the spring and fall, and more often if needed. Last meeting was held in November 2011. The minutes</p>		

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	<p>establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p> <p>Related to the professional advisory group:</p>		<p>are kept in agency manual. Minutes will become more specific as to what subject matter is reviewed and approved. 06-27-12 2. All employees will receive written guidelines of DCD Guideline for Hand Hygiene in Health Care Settings, Universal Precautions, and Patient Rights upon hire and annually. 05-31-12 Written confirmation will be returned by employees and placed in employee files 06-14-12 3. PAB will review and approve all policies and procedures twice a year or more often as needed. A quality assurance program will be created. 4. "Professional Advisory Board" policy will be dated. 5. Annual Program Evaluation" policy will be dated. Related to PAB 1. PAB will consist of MD, owner, at least one registered nurse, and appropriate representation from other professional disciplines. Meeting minutes will be more specific as to subject material reviewed and approved. 2. "Professional Advisory Board" policy will be dated.</p>		

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	<p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group. Two administrative documents dated 4/16/09 and 11/9/11 and titled "Professional Advisory Board Meeting" were presented and reviewed. The document evidenced the attendance at the meeting was only the medical director and the administrator / director of nursing.</p> <p>2. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of</p>			

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	community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."			

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N0446	<p>410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3)</p> <p>Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations.</p> <p>Based on administrative document, policy and clinical record review, observation, and interview, the administrator failed to ensure all of the agency personnel who completed a prothrombin time (PT) and international normalized ratio (INR) by means of the agency's coagmeter received adequate education on the proper procedures for use, storage, and maintenance for 1 of 1 employee identified and utilized the coagmeter (employee H) and failed to ensure all staff received education and were supervised and monitored for infection control procedures for 1 of 2 licensed practical nurse files reviewed (employees G) with the potential to affect all the patients served by the agency.</p> <p>Findings include:</p> <p>1. Clinical record # 8 evidenced skilled nurse visit notes completed by employee H, the assistant director of nursing, dated February 2, 16, and 23; March 1, 15, and</p>	N0446	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N446 Administrator will develop in-service program for new equipment to be used by professional staff. Will be monitored by administrator or designated alternate. a. Per user manual – battery indicator is displayed in 4 segments. This should allow 300 tests. Batteries to be replaced when one segment remains. 06-08-12 1. All staff who have been identified as potential users of CoaguChekXs machine will do the following and complete by 06-08-12: a. Watch training DVD which provides step</p>	06/08/2012	

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	<p>29; April 12; and May 3, 2012, that included documentation the patient's prothrombin time (PT) and international normalized ratio (INR) was measured during the skilled nurse visits and reported to the physician.</p> <p>A. On May 15, 2012, at 1:45 PM, the administrator presented the agency's coagmeter; the name on the box was Coaguchek XS System. A hand written note inside the box indicated the device was due for a battery change in July of 2011 indicating the meter had been used for a minimum of 9 months without the battery being replaced. The administrator indicated the device was used in the patients' homes for the purpose of measuring a patients' blood for PT and INR and indicated she had no documentation to evidence the staff who used the device were trained on the correct use, storage, and maintenance of the device.</p> <p>B. On May 15, 2012 at 5 PM, employee H indicated she had two current patients for which she was using the coagmeter to measure the patients' PT and INR.</p> <p>C. The undated policy titled "PT / INR Point of Care by Finger stick" stated, "SN (skilled nurse) will do the testing</p>		<p>by step instructions for setting up meter preparing for and performing a blood test, and cleaning the meter. b. Become familiar with user manual. c. Become familiar with getting started guide. d. Become familiar with package inserts for test strips and lancets. e. Complete operator certification checklist. f. Become familiar with system policy and procedure manual. g. Will take operator certification test and pass at 88% (miss 2). h. Staff will be evaluated Q6months. i. All documentation will be kept in personnel files. B. Employee H will complete training as above. 06-08-12 C. "PT/INR Point of care by finger stick" policy will be rewritten and dated. 06-08-12 Staff was reeducated on CDC infection control policies and procedures for standard precautions by supervisory RN. Employee G provided return demonstration of standard precautions. Agency policy will be created for hand hygiene infection control according to CDC guidelines. The personnel file for employee G will reflect education and training of CDC standard precautions. 05-31-12</p>				

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	<p>according to the machine manufactures instructions."</p> <p>2. During home visit at 1:30 PM on 5/14/12, employee G was observed to provide incontinent care to patient # 9. Employee G donned gloves, provided incontinent care, then proceeded with the same gloves, to wipe around the patients cecostomy site with out changing her gloves and performing hand hygiene.</p> <p>On May 15, 2012 at 2 PM, the administrator indicated the personnel file for employee G, date of hire 1/3/07, a licensed practical nurse, failed to evidence any education and training since the year 2008 and there was not an agency policy for hand hygiene infection control.</p>				

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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 policy review and interview, the administrator failed to ensure the ongoing quality assurance program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improve patient care for 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group, which participated in the agency review of agency policies, agency development and future planning, and participated in the agency's annual evaluation. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to</p>	N0456	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our</p>	06/27/2012			

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	<p>provide evidence polices were reviewed.</p> <p>2. On May 15, 2012, at 4 PM, the administrator indicated she did not have evidentiary evidence the agency monitors care and services provided by the agency staff for infection control precautions.</p> <p>3. On May 15, 2012, at 4:43 PM, the administrator indicated the agency was not able to evidence a review of the agency policies and procedures and an agency wide ongoing quality assurance program.</p> <p>4. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program</p>		<p>understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N456 Administrator or designated alternate will ensure the following:</p> <p>1. Professional advisory board (PAB) consists of MD, owner, one registered nurse and appropriate representation from other professional disciplines. The PAB meets twice a year, usually in the spring and fall, and more often if needed. Last meeting was held in November 2011. The minutes are kept in agency manual. Minutes will become more specific as to what subject matter is reviewed and approved. 06-27-12</p> <p>2. All employees will receive written guidelines of DCD Guideline for Hand Hygiene in Health Care Settings, Universal Precautions, and Patient Rights upon hire and annually. 06-08-12 Written confirmation will be returned by employees and placed in employee files 06-14-12</p> <p>3. The</p>		

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	<p>evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>		<p>administrator/DON or designated alternate will initiate a plan and will monitor all patient care. Administrator/DON or designated alternate will create a quality assurance program to identify problem areas and to create a plan of correction. Administrator/DON or designated alternate will ensure lines of communication are kept open between governing body, professional personnel, and staff. 06-22-12 4. "Professional Advisory Board" policy will be dated. "Annual Program Evaluation" policy will be dated.</p>		

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N0470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on observation, interview, and review of policy, the agency failed to ensure employees provided services in accordance with agency policy and Centers for Disease Control infection control policies and procedures for "Standard Precautions" in 1 of 2 home visit observations made with a home health aide (employee B) and 1 of 3 home visit observations made with a skilled nurse (employee G) creating the potential for the transfer of disease causing organisms and the potential of infection to the patients for whom services were rendered, to all patients in which the employee rendered care, the patient's family members, other caregivers and friends, all family and contacts of the employee, and the community at large.</p> <p>The findings include:</p> <p>1. During home visit at 1:30 PM on 5/14/12, employee G was observed to provide incontinent care to patient # 9. Employee G donned gloves, provided incontinent care, then proceeded with the</p>	N0470	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N470 Administrator or designated alternate will ensure the following:</p> <p>1. Staff was reeducated on CDC infection control policies and procedures for standard precautions by supervisory RN. Employee G provided return demonstration of standard precautions. Agency policy will be created for hand hygiene infection control according to CDC guidelines. The personnel file for employee G will reflect education and training of CDC standard precautions. 05-31-12</p> <p>2. Staff was reeducated on CDC infection control policies and procedures for standard precautions by supervisory RN.</p>	06/14/2012			

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	<p>same gloves, to wipe around the patients cecostomy site without changing her gloves and performing hand hygiene.</p> <p>2. On May 15, 2012, at 2 PM, the administrator indicated the personnel file for employee G, date of hire 1/3/07, a licensed practical nurse, failed to evidence any education and training since the year 2008 and there was not an agency policy for hand hygiene infection control.</p> <p>3. On 5-10-12 at 9 AM, employee B was observed to don gloves without washing her hands and providing a bath to patient #1. When she was finished, she removed her gloves but did not wash hands.</p> <p>4. The undated policy titled "Infection control, universal precautions, and waste management" states, "Handwashing is the</p>		<p>Employee G provided return demonstration of standard precautions. Agency policy will be created for hand hygiene infection control according to CDC guidelines. The personnel file for employee G will reflect education and training of CDC standard precautions. 05-31-12</p> <p>3. All employees will receive written guidelines of CDC Guideline for Hand Hygiene in Health Care Settings, Universal Precautions, and Patient Rights upon hire and annually. 06-08-12 Written confirmation will be returned by employees and placed in employee files 06-14-12</p> <p>4. Infection Control, Universal Precautions, and Waste Management" policy will be dated. It will also be revised to include CDC Guidelines for Hand Hygiene in Health Care Settings. 06-14-12</p> <p>Infection Control, Universal Precautions, and Waste Management" policy will be dated. It will also be revised to include CDC Guidelines for Hand Hygiene in Health Care Settings. 06-14-12</p>	

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	<p>single most effective way to prevent the transmission of infection."</p> <p>5. The CDC Morbidity and Mortality Weekly Report (MMWR) October 25, 2002, Volume 51 No. RR-16 "Guideline for Hand Hygiene in Health-Care Setting" states, "Recommendations: Indications for handwashing and hand antisepsis . . . Decontaminate hands before having direct contact with patients . . . Decontaminate hands after contact with a patient's intact skin . . . Decontaminate hands if moving from a contaminated body site to a clean body site during patient care. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. Decontaminate hands after removing gloves."</p>			

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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 policy review and interview, the agency failed to ensure the ongoing quality assurance program was designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolved identified problems, and improve patient care for 1 of 1 agency with the potential to effect all patients of the agency.</p> <p>Findings include:</p> <p>1. On May 15, 2012, at 1:35 PM, the administrator / director of nursing indicated there was no documentation to evidence an identifiable professional advisory group, which participated in the agency review of agency policies, agency development and future planning, and participated in the agency's annual</p>	N0472	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the</p>	06/22/2012			

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	<p>evaluation. She indicated the owner of the agency maintained the minutes of the professional advisory group on his home computer and, therefore, they were not on hand. The administrator was unable to provide evidence polices were reviewed.</p> <p>2. On May 15, 2012, at 4 PM, the administrator indicated she did not have evidentiary evidence the agency monitors care and services provided by the agency staff for infection control precautions.</p> <p>3. On May 15, 2012, at 4:43 PM, the administrator indicated the agency was not able to evidence a review of the agency policies and procedures and an agency wide ongoing quality assurance program.</p> <p>4. The undated policy titled "Professional Advisory Board" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Membership will include at least one physician, one registered nurse, and appropriate representation from other professional disciplines. ... The professional Advisory Board will meet twice a year and will meet additionally if needed. Minutes are kept of each meeting and maintained in permanent agency records. Functions: ... Participates in the establishment and annual review of</p>		<p>completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N472 Administrator/DON or designated alternate will monitor: 1. Professional advisory board (PAB) consists of MD, owner, one registered nurse and appropriate representation from other professional disciplines. The PAB meets twice a year, usually in the spring and fall, and more often if needed. Last meeting was held in November 2011. The minutes are kept in agency manual. Minutes will become more specific as to what subject matter is reviewed and approved. 06-22-12 2. All employees will receive written guidelines of DCD Guideline for Hand Hygiene in Health Care Settings, Universal Precautions, and Patient Rights</p>		

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	<p>policies covering the scope of services offered, admission and discharge policies, medical supervision, plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. Assist in identification of community health needs and supports the agency in assuming its role in the alleviation or resolution of problems. Periodically reviews the agency's programs and recommends needed changes. ... The professional advisory board will function with two sub - committees: A. Audit Review Committee B. Quality Assurance Committee."</p> <p>5. The undated policy titled "Annual Program Evaluation" was provided by the administrator on May 15, 2012, who indicated the policy was current, stated, "Policy and Procedure Review: The administrator shall meet with the Professional Advisory Board to review agency patient care and administrative policies and procedures. The review shall be documented in the administrative manual. Recommendations shall be summarized for presentation to the Board of Directors."</p>		<p>upon hire and annually. 06-08-12 Written confirmation will be returned by employees and placed in employee files 06-14-12 3. PAB will review and approve all policies and procedures twice a year or more often as needed. A quality assurance program will be created. 06-22-12 4. "Professional Advisory Board" policy will be dated. "Annual Program Evaluation" policy will be dated.</p>		

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N0486	<p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on clinical record and policy review, home visit observation and interview, the agency failed to ensure coordination of care was maintained with other entities that had provided services in 2 (# 9 and 10) of 2 clinical records reviewed of patients identified as received additional services from other entities.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Clinical record # 9, start of care 1/3/07, indicated the patient required 24 hour care. The clinical record failed to include any coordination of care with the other agencies providing care.</li> </ol> <p>During a home visit on 5/14/12 at 1:30 PM, the caregiver and employees F and G confirmed additional care and services were provided by multiple care providers.</p> <ol style="list-style-type: none"> <li>Clinical record # 10, start of care 2/8/11, indicated the patient required 24 hour care and had a baclofen pump. The clinical record failed to include any coordination of care with the other agencies providing care.</li> </ol>	N0486	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case</p>	06/27/2012	

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	<p>During a home visit on 5/14/12 at 1:30 PM, the caregiver indicated the patient's baclofen pump was cared for and filled within the previous 2 weeks by another home health agency.</p> <p>3. On May 15, 2012 at 4:10 PM, the administrator indicated clinical records 9 and 10 failed to evidence coordination of care with the multiple care providers in the patients home. She indicated the coordination of care was to be documented within the case conference notes.</p> <p>4. The undated policy titled "Case Management / Coordination of Services" stated, "All personnel providing services will maintain liaisons to assure that their efforts effectively compliment each other and support the objective outlined in the plan of treatment. At least every sixty days documentation should be made in the clinical record to reflect that an exchange for coordinated patient evaluation has been carried out."</p>		<p>Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N486 Administrator/DON or designated alternate will monitor that:</p> <p>1. Effective interchange, reporting and coordination of care will occur with all providers of care. 06-27-12 a. Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible 06-27-12 b. Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible 06-27-12 c. Agency will determine a common area in client's chart to document all providers. 06-27-12 d. Agency will document more clearly Q60 days coordination of care with all providers. 06-27-12 2. Administrator/DON or designated alternate will ensure effective interchange, reporting and coordination of care will occur with all providers of care. 06-27-12 a. Agency will designate a common area in clients chart to document all providers of care with phone</p>		

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			<p>number and contact person if possible 06-27-12 b. Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible 06-27-12 c. Agency will determine a common area in client's chart to document all providers. 06-27-12 d. Agency will document more clearly Q60 days coordination of care with all providers. 06-27-12 3. Administrator/DON or designated alternate will ensure effective interchange, reporting and coordination of care will occur with all providers of care.</p> <p>06-28-12 1. Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible 06-27-12 2. Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible 06-27-12 3 Agency will determine a common area in client's chart to document all providers. 06-27-12 4 Agency will document more clearly Q60 days coordination of care with all providers. 06-27-12 4. Administrator/DON or designated alternate will ensure effective interchange, reporting and coordination of care will occur with all providers of care.</p> <p>06-27-12 1 Agency will designate a common area in clients chart to</p>	

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			document all providers of care with phone number and contact person if possible 06-27-12 2 Agency will designate a common area in clients chart to document all providers of care with phone number and contact person if possible 06-27-12 3 Agency will determine a common area in client's chart to document all providers. 06-27-12 Agency will document more clearly Q60 days coordination of care with all providers. 06-27-12		

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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 review, observation, policy review, and interview, the agency failed to ensure visits and treatments were provided as ordered on the plan of care (POC) for 4 of 10 patients with the potential to affect all the agency's patients. (#1, 3, 5, and 8)</p> <p>Findings:</p> <p>1. On 5-9-12 at 9 AM, patient #1 was observed in a bed with side rails down. The POC for the certification period 3-18-12 to 5-16-12 identified seizure and fall precautions.</p> <p>A. The undated policy titled "SEIZURE HEALTH MANAGEMENT PLAN" states, "Nursing Interventions:...</p> <p>3. Provide safe environment: bed low position, pad rails, remove clutter, and protective head gear if needed."</p> <p>B. On 5-9-12 at 9:20 AM, employee B, home health aide, indicated the side rails were not used because the patient doesn't move unless they move him and it was not a fall hazard.</p>	N0522	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON</p>	06/22/2012			

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	<p>2. On 5-10-12 at 12:15 PM, employee I, home health aide, was observed applying TED hose to patient #3. The POC for the certification period 3-28-12 to 5-26-12 failed to evidence an order for TED hose.</p> <p>3. Clinical Record #5 contained "Home Health Aide Report(s)" dated March 3, 11-22, 24, 25, 27-29, and 31; April 1-6, 9-11, and 15-30; and May 1-5, 2012, identified the aide performed range of motion exercises. The plans of care for the certification periods 2-16-12 to 4-15-12 and 4-16-12 to 6-14-12 failed to evidence an order for range of motion.</p> <p>A. The undated "Aide Care Plan" failed to evidence the aide had been assigned to perform range of motion.</p> <p>B. The "Homemaker Report's" dated March 5, 8, 12, 14,19, and 21 and April 9, 18, and 25, 2012, identified the homemaker performed dressing assistance. The plans of care for the certification periods 2-16-12 to 4-15-12 and 4-16-12 to 6-14-12 failed to evidence an order for dressing assistance.</p> <p>C. The undated "Homemaker Assignment Sheet" failed to evidence the homemaker had been assigned to assist in dressing.</p>		<p>or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N522 The Administrator/DON or designated alternate will closely monitor frequency changes and ensure orders are written. 4-Agency must have MD orders to cover visits and should be written prior to any visit change. 06-15-12 5-Employee H was reeducated on need for orders to cover frequency changes. 05-31-12 6-Employee H was reeducated on need for orders to cover frequency changes. 05-31-12 1-A- "Seizure Health Management Plan" policy will be signed. B. with total assessment, high risk issues should be correctly identified and addressed. Appropriate actions to be taken to ensure safety. If a client is determined to not need a certain safety factor, order must be written and to be well documented in case management. 05-31-12 2 POC must be complete and cover all treatments. New treatments must be covered by orders. 05-31-12 3 Reeducate all HH Aides in</p>				

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	<p>4. Clinical record # 8 evidenced a plan of care for the certification periods 2/2/12 through 4/1/12 and 4/2/12 through 5/31/12 with orders for skilled nurse every other week for 9 weeks "or as ordered." The clinical record evidenced the last 3 skilled nurse visits were made by employee H on March 29, April 12, and May 3, 2012. The clinical record failed to evidence a physician order to change the frequency of the skilled nurse visits.</p> <p>5. On May 15, 2012, at 4 PM, employee H indicated she was the only nurse to make home visits to this patient's home and had not made a visit between April 12 and May 3, 2012.</p> <p>6. On May 15, 2012, at 4:04 PM, employee E indicated she did not have any documentation to evidence a change in the frequency of the skilled nurse visits.</p>		<p>following care plans and to chart according to care plan. 06-22-12 a. Undated care plan was newly copied – not due yet. Dated careplan under new one. b. Reeducate homemaker on allowable duties. To chart according to care plan 06-22-12 Reeducate homemaker on allowable duties. To chart according to care plan. 06-22-12</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> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record review, observation, and interview, the agency failed to ensure that TED hose were included on the plan of care for 1 of 10 records reviewed with the potential to affect all the agency's patients. (#3)</p> <p>Findings:</p> <p>1. On 5-10-12 at 11:45 AM, patient #3 was observed wearing TED hose. The plan of care for the certification period</p>	N0524	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were</p>	06/22/2012			

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	<p>3-28-12 to 5-26-12 failed to evidence the patient wore TED hose.</p> <p>2. On 5-11-12 at 1:25 PM, the alternate administrator indicated she was unable to locate any other documentation regarding the TED hose.</p>		<p>not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors.</p> <p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when</p>		

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			<p>appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes.</p> <p>N524 1. Administrator/DON or designated alternate will monitor/review all POC with assessment nurse to ensure all issues are addressed. This will occur monthly or whenever a change in POC is needed or made. 06-22-12</p>	

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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:</p> <p>Based on clinical record review, observation, and interview, the agency failed to ensure treatments were administered as ordered by the physician for 1 of 10 clinical records reviewed. (# 9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record # 9, start of care 1/3/07, included a physician order dated 4/17/12 written by employee G that stated, "Clarification of cecostomy order. Clamp tube at night. Leave to drain bag during day. ... Continue to flush cecostomy QD [every day]."</li> <li>2. During a home visit on 5/14/12 at 1:30 PM, patient # 9 presented without a drainage bag. Employee G indicated the patient was not receiving a daily flush.</li> <li>3. On May 15, 2012, at 4:10 PM, the administrator indicated the clinical record failed to evidence an order to discontinue the daily flush.</li> </ol>	N0537	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON</p>	06/28/2012			

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			or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N537 Administrator/DON or designated alternate will ensure all orders will be up to date, so staff in field will be able to provide care as ordered. Field nurses will be re-educated on how to update office with order changes. Ie. Phone calls, faxes. 06-28-12	

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N0541	<p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on clinical record review and policy review, the agency failed to ensure the registered nurse completed the comprehensive assessment within 48 hours of the patients return home from a hospital admission to reevaluate the patient's needs for 1 of 4 records reviewed of patients that had been hospitalized with the potential to affect all the agency's patients who are hospitalized. (#2)</p> <p>Findings:</p> <p>1. Clinical record #2 identified the patient was hospitalized on April 29, 2012, and returned home on May 1, 2012. The record evidenced a resumption of care comprehensive assessment dated 5-4-12 which contained only vital signs, signature of the nurse, and date.</p> <p>2. The undated policy titled "Follow-up comprehensive assessment and OASIS data collection" states, "Resumption of care After discharge from an inpatient facility for 24 hours or more for any</p>	N0541	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The</p>	06/27/2012			

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	<p>reason other than diagnostic testing when the patient is resumed for care by the agency.</p> <p>3. On May 15, 2012, at 4:28 PM, employee H indicated she had not documented the visit she made on May 4, 2012, and presented a document titled "Comprehensive Adult Nursing Assessment" dated "5/10/10" that included only the patient's name, the vital signs, and the signature of the registered nurse, employee H. The administrator / director of nursing indicated the agency did not have an agency policy regarding when the staff were expected to document and complete visit notes.</p>		<p>following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N541 Administrator/DON or designated alternate will create a policy regarding completion of documentation. 06-27-12 3 Skilled notes are completed and turned in Q Monday. Policy will be created for timeliness of OASIS. 06-27-12</p>		

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N0543	<p>410 IAC 17-14-1(a)(1)(D) Scope of Services Rule 14 Sec. 1(a) (1)(D) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (D) Initiate appropriate preventive and rehabilitative nursing procedures.</p> <p>Based on clinical record review, observation, and interview, the agency failed to ensure the registered nurse made arrangements for fixing broken equipment and obtaining the right equipment for 2 of 10 records reviewed with the potential to affect all the agency's patients. (#1, 3)</p> <p>Findings:</p> <p>1. On 5-10-12 at 9:35 AM, patient #1 was observed being physically lifted and placed into wheelchair by home health aide, employee B. The plan of care (POC) and the aide care plan for the certification period 3-18-12 to 5-16-12 evidenced the use of a Hoyer.</p> <p>On 5-10-12 at 8:59 AM, the home health aide, employee B, indicated the Hoyer was in the garage and not being used because it is too large for the patient.</p> <p>2. On 5-10-12 at 11:45 AM, patient #3 indicated her walker had a seat that was</p>	N0543	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The</p>	06/28/2012			

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	broken and also had brakes that did not work. The POC and the aide care plan for certification period 3-28-12 to 5-26-12 evidenced the use of a walker.		following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N543 Administrator/DON or designated alternate will ensure clients have appropriate and safe equipment. 06-28-12 1. Supervisory nurse to monitor equipment in home. To document in case management the addition or deletion of equipment. To update care plans as necessary. 06-28-12 Skilled nurse needs to document in case management steps that have been taken to repair equipment, who is responsible for the repair, and who is responsible for payment of repair. 06-28-12		

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N0545	<p>410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse coordinated care with other entities that provided services in 2 (# 9 and 10) of 2 clinical records reviewed of patients identified as receiving services from other entities.</p> <p>Findings include:</p> <p>1. Clinical record # 9, start of care 1/3/07, indicated the patient required 24 hour care. The clinical record failed to include any coordination of care with the other agencies providing care.</p> <p>During a home visit on 5/14/12 at 1:30 PM, the caregiver and employees F and G confirmed additional care and services were provided by multiple care providers.</p> <p>2. Clinical record # 10, start of care 2/8/11, indicated the patient required 24 hour care and had a baclofen pump. The clinical record failed to include any coordination of care with the other</p>	N0545	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and</p>	06/27/2012	

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	<p>agencies providing care.</p> <p>During a home visit on 5/14/12 at 1:30 PM, the caregiver indicated the patient's baclofen pump was cared for and filled within the previous 2 weeks by another home health agency.</p> <p>3. On May 15, 2012 at 4:10 PM, the administrator indicated clinical records 9 and 10 failed to evidence coordination of care with the multiple care providers in the patients home. She indicated the coordination of care was to be documented within the case conference notes.</p> <p>4. The undated policy titled "Case Management / Coordination of Services" stated, "All personnel providing services will maintain liaisons to assure that their efforts effectively compliment each other and support the objective outlined in the plan of treatment. At least every sixty days documentation should be made in the clinical record to reflect that an exchange for coordinated patient evaluation has been carried out."</p>		<p>monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N545 Administrator/DON or designated alternate will ensure effective interchange, reporting, and coordination of care will occur with all providers of care. 6-27-12</p> <p>1. Agency will designate a common area in client's chart to document all providers of care with phone numbers and contact person if possible. 6-27-12</p> <p>2. Agency will designate a common area in client's chart to document all providers of care with phone numbers and contact person if possible. 6-27-12</p> <p>3. Agency will determine a common area in client's chart to document all providers 6-27-12</p> <p>4. "Case Management/Coordination of Services" policy will be dated. Agency will document more clearly Q 60 days coordination of care with all providers. 6-27-12</p>				

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N0589	<p>410 IAC 17-14-1(i) Scope of Services Rule 14 Sec. 1(i) During a home health aide's first year on the state's home health aide registry, the number of hours of training for that aide shall be a prorated portion of the usual twelve (12) and eight (8) hours.</p> <p>Based on personnel record review and interview, the registered nurse failed to ensure home health aides received at least 8 hours of in-service training in the required subject areas and a total of 12 hours during the 2011 calendar year for 1 of 4 home health aide inservice files reviewed (A).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Personnel file A, date of hire 2/1/07, failed to evidence the required inservice for the home health aide. The file evidenced one post test dated 11/12/11 and titled "Skin Care."</li> <li>On May 10, 201,2 at 3:38 PM, the administrator indicated she could not provide documentation to evidence employee A received required inservice during the year 2011.</li> </ol>	N0589	<p>Survey was May 11-15, 2012. Results were posted on internet late May 24, 2012. The ID and password given to the agency to allow opening of the survey report were incorrect. We have written confirmation of this error provided by the state representative who made the error. Due to the error and the holiday that followed the correct ID and password were not received until mid-day May 29, 2012. This made accessing the completed survey impossible until the afternoon of May 29, 2012. The deadline for submission of the POC was extended to June 7, 2012. Our understanding from the exit interview was we had 10 days to respond from when the survey was posted and we were able to access the results. Since this was affected by the delay due to the error that was made and extended to June 7, 2012 we believed our 30 days for the completion of all the corrections began at that time. This is why some of our completion dates are 06-28-12 which is within the 30 day period for completion per our understanding based on the exit interview with the surveyors. The following will be overseen and monitored by Administrator/DON</p>	06/28/2012			

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			or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N589 Administrator/DON or designated alternate will ensure HH Aides will receive appropriate in-services. 06-15-12 1. All HH Aide employee files will be reviewed. Outstanding in-services will be completed. A "tickler" file will be implemented to allow better tracking. 06-15-12 2. All HH Aide employee files will be reviewed. Outstanding in-services will be completed. A "tickler" file will be implemented to allow better tracking. 06-15-12	

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on personnel file and clinical record review and interview, the agency failed to ensure that 2 of 4 home health aides were in good standing on the state aide registry. (A, B)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Personnel file A, date of hire 2007, failed to evidence the agency had checked the aide's status on the state aide registry.</li> <li>2. Personnel file B, date of hire 1-29-07, failed to evidence the agency had checked the aide's status on the state aide registry.</li> <li>3. On 5-15-12 at 11:35 AM, the administrator presented a registry verification dated 5-11-12 that identified employee B's status on the registry was expired.</li> </ol>	N0597	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N597 The administrator/DON or designated alternate will monitor the following: 1. All HH Aides educated on the need to recertify and the process to do so. Must keep state informed of current address. 5-31-12 HR will check HH Aide registry monthly X2 month to ensure staff is current then quarterly. 05-31-12 Any HH Aide who allows registration to lapse will be removed from current cases, documentation placed in files. They will not be allowed to work until registration is re-instated. 05-31-12 Agency will create a "tickler file" which records all expiration dates of CNA/HHA this will prevent registration from lapsing. 05-31-12</p>	05/31/2012			

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	<p>4. Clinical record # 7 evidenced employee A rendered home health aide services daily April 1st through April 11th and April 14th through May 5th, 2012.</p> <p>5. On May 10, 2012, at 3:38 PM, the administrator indicated she could not provide documentation to evidence personnel file A was current and contained documentation the home health aide was in good standing on the Indiana state home health aide registry.</p>	N0597	<p>The following will be overseen and monitored by Administrator/DON or designated alternate. Supervisory Nurses and Case Management Nurses will be trained and tasked with implementation of changes/corrections when appropriate and with reporting and updating the progress of said changes/corrections to the Administrator/DON or designated alternate for tracking and monitoring of progress and completion purposes. N597 The administrator/DON or designated alternate will monitor the following: 1. All HH Aides educated on the need to recertify and the process to do so. Must keep state informed of current address. 5-31-12 HR will check HH Aide registry monthly X2 month to ensure staff is current then quarterly. 05-31-12 Any HH Aide who allows registration to lapse will be removed from current cases, documentation placed in files. They will not be allowed to work until registration is re-instated. 05-31-12 Agency will create a "tickler file" which records all expiration dates of CNA/HHA this will prevent registration from lapsing. 05-31-12</p>	05/31/2012	