

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157576	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2016
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NAME OF PROVIDER OR SUPPLIER CENTRAL HOME HEALTH SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5699 E 71ST ST STE 2B INDIANAPOLIS, IN 46220
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G 0000 Bldg. 00	<p>This visit was for a federal recertification survey. The survey was partially extended</p> <p>Survey Dates 6/9, 6/10 and 6/13 through 6/15/2016</p> <p>Facility ID 004997</p> <p>Provider ID 15-7576</p> <p>Medicaid Vendor #200811610</p> <p>Skilled Unduplicated Census 119 Home Visits 5 Clinical Records Reviewed 10</p>	G 0000		
G 0121 Bldg. 00	<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. Based on observation, record review, and</p>	G 0121	G0121 The Director of Nursing has scheduled mandatory staff	07/15/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>interview, the agency failed to ensure appropriate procedures for infection control were implemented for 1 of 5 observed home visits and failed to implement the agency's policy for prevention of transmission of communicable disease for 3 of 7 employee records reviewed.</p> <p>Findings Include:</p> <p>1 At a home visit on June 13th at 1:30 AM, employee F, a registered nurse was observed performing wound care for patient #6. The nurse removed the soiled dressing from the wound and without performing hand hygiene, handled the patient's clean dressing supplies and placed a clean dressing on the patient's wound.</p> <p>2. Personnel files were reviewed on 6/15/2016 at 1:35 PM for employees B, C and D.</p> <p>A. The file for employee B failed to evidence a second step Mantoux skin test to screen for tuberculosis and annual tuberculosis risk assessment as required by state law.</p> <p>B. The file for employee C failed to evidence a second step Mantoux skin test to screen for tuberculosis and annual</p>		<p>inservice for appropriate procedures for infection control to include proper hand washing before, during, and after wound care procedures and after reviewing 2 Step PPD Policy, During the hiring process of new employees, all potential hires will be informed of agency policy of 2 Step PPD testing and annual follow-up as required by state law- Potential hires will not be allowed to work with clients until appropriate 2 Step PPD documents have been submitted to agency administrator- The 2 Step PPD documents will include Lot# and expiration date of PPD solution New hires may submit previous 2 Step PPD screening documents within 12 months of hire date to include Lot# and expiration date of PPD solution Personnel records will be reviewed prior to initial staff assignments by DON/Administrator to ensure staff are inserviced and appropriately screened before client care begins The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur</p>	

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G 0134 Bldg. 00	<p>tuberculosis risk assessment as required by state law.</p> <p>C. The file for employee D failed to evidence a second step Mantoux skin test to screen for tuberculosis as required by state law.</p> <p>3. In an interview with the agency's nursing supervisor on June 15th at 3:30, the supervisor noted that it was the agency's hand hygiene policy to perform hand hygiene after handling a soiled dressing, before applying a clean dressing.</p> <p>4. An undated agency policy titled, Health Screening was reviewed 6/15/2016. The policy stated, " If the employee does not have documented evidence of a negative Mantoux skin test within the past twelve months, a Mantoux skin test will be given at the time of hire and repeated within one to three weeks of the first test."</p> <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. Based on record review and interview,</p>	G 0134	G0134 The Agency Administrator has reviewed policy and will	07/15/2016			

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G 0158	<p>the administrator failed to ensure employee performance evaluations were completed annually for 1 (employee F) of 4 employees employed longer than one year from a total sample of 7 records.</p> <p>Findings Include :</p> <ol style="list-style-type: none"> 1. The personnel file for employee F, a registered nurse, reviewed on 6/15/2016 at 1:35 PM indicated the employee was hired by the agency on 5/29/2014. The file failed to show evidence of a performance evaluation for 2015 and 2016. 2. In a 6/15/2015 interview at 3:30 PM, the administrator was unable to provide additional documentation that an annual performance evaluation had been completed for the employee and stated " the evaluation was not done." 3. An undated agency policy titled, Performance Evaluations stated " A performance evaluation will be conducted at least annually between 9 to 15 months by the appropriate supervisor...The original completed performance evaluation will be retained in the employee's personnel record." 		<p>perform, or assign to designated supervisor to perform, employee performance evaluations annually for all employees between 9 and 15 months. Employee records will be retained in the employees personnel file and monitored by flow sheet to ensure no employee is overlooked - All staff are encouraged to remember their hire date at time of hire and to expect an annual performance evaluation-</p> <p>The Administrator will monitor the Performance Evaluation Flow Sheet each month to ensure all employees have had performance evaluation completed timely</p> <p>The Agency Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		

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Bldg. 00	<p>ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on record review, observation and interview, The physical therapist failed to ensure care followed the written plan of care for 1 (#7) of 10 records reviewed.</p> <p>Findings Include:</p> <p>1. Record #, reviewed 6/14/2016, included a plan for care established by the physician for the certification period 4/30/2016 through 6/28/2016 with orders for oxygen 2 liters continuously via nasal cannula.</p> <p>A. During a home visit on 6/14/2016 at 1:00 PM, employee D, a physical therapist was observed to ambulate patient #7 and instruct the patient while performing physical therapy exercises without the patient wearing oxygen as ordered.</p> <p>B The physical therapist stated the patient was to "wear oxygen prn (as needed)."</p> <p>2. An undated agency policy titled, Care Plans stated, "The purpose [sic] of the care plan is to assure continuity and</p>	G 0158	<p>G0158 The DON and Physical Therapy Supervisor have scheduled mandatory staff inservice on following MD orders for continuous oxygen to be used on those patients requiring continuous oxygen use including during Physical Therapy Treatment and patient education to ensure the patient is following MD orders at all times to use oxygen treatment as ordered Copies of all patient MD orders will be given to PT/PTA staff and reviewed with PT Supervisor prior to patient treatment and reviewed every 30 days thereafter throughout the certification period- Staff will update orders received by MD or follow-up from patient reports of changes to oxygen use order with clarification from MD, update chart and report to DON and PT Supervisor of any changes- Staff will document appropriately on visit notes per patient's individual orders The Administrator/PT Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur</p>	07/15/2016

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G 0159 Bldg. 00	<p>consistency between the disciplines providing care under the current plan."</p> <p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on record review, observation and interview, The agency failed to ensure the plan of care included safety measures to protect against injury, and acceptable clinical parameters for 5 (#4,6,7,8 and 9) of 10 records reviewed.</p> <p>Findings Include :</p> <p>1. Clinical record # 4 with a start of care 5/15/2016 was reviewed 6/10/2016. The record included a plan of care established by the physician for the certification period 5/15/2016 through 7/13/2016 and indicated a primary diagnosis of essential hypertension. The record failed to include orders for safe blood pressure parameters and instructions for when the doctor should be called about the patient's blood pressure.</p>	G 0159	G0159 The Director of Nursing has scheduled mandatory staff inservice for following and reporting vital signs and blood glucose out of parameters in order to obtain MD orders/advise for patient safety -All SOC's will now include parameters for vital sign reporting- Any patients with diagnosis of Diabetes will now have blood glucose parameters for MD notification- Staff will follow these orders and report to MD any values out of range to obtain new orders and to advise the patient- Patient teaching will include knowledge of these parameters so that the patient/caregiver are aware of these orders and what to expect if values are assessed out of range- Any values assessed out of range will be documented on visit note with any new order or follow-up per MD notification The Director of Nursing/Physical	07/15/2016

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	<p>2. Clinical record # 6 with a start of care 3/31/2016 was reviewed 6/13/2016. The record included a plan of care established by the physician for the certification period 5/30/2016 through 7/28/2016 and indicated a primary diagnosis of diabetes mellitus . The record failed to include orders for safe blood sugar parameters and instructions for when the doctor should be called about the patient's blood sugar.</p> <p>3. At a home visit observation for patient #7 on 6/14/2016, employee D, a physical therapist was observed to take the patient's blood pressure. The therapist stated, " I can't take your blood pressure in your left arm because of your dialysis access." The plan of care established by the patient's physician for the certification period 4/30/2016 through 6/28/2016 failed to include arm precaution instructions to protect the dialysis access and failed to note that the patient was receiving hemodialysis.</p> <p>4. Clinical record # 8 with a start of care 4/25/2016 was reviewed 6/15/2016. The record included a plan of care established by the physician for the certification period 4/25/2016 through 6/23/2016 and indicated a primary diagnosis of diabetes mellitus . The record failed to include</p>		Therapy Supervisor will review all SOC and visit notes for appropriate documentation and physician notification/follow-up of patient specific parameters out of range for vital signs and blood glucose monitoring- The patient POC will also be reviewed with Staff to include any patient specific permitted/restricted activities The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur		

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N 0000 Bldg. 00	orders for safe blood sugar parameters and instructions for when the doctor should be called about the patient's blood sugar. 5. Clinical record # 9 with a start of care 2/13/2016 was reviewed 6/15/2016. The record included a plan of care established by the physician for the certification period 4/13/2016 through 6/11/2016 and indicated a diagnosis of diabetes mellitus . The record failed to include orders for safe blood sugar parameters and instructions for when the doctor should be called about the patient's blood sugar.	N 0000		
	This visit was for a state relicensure survey Survey Dates 6/9, 6/10 and 6/13 through 6/15/2016 Facility ID 004997			

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N 0446 Bldg. 00	<p>Medicaid Vendor #200811610</p> <p>Skilled Unduplicated Census 119 Home Visits 5 Clinical Records Reviewed 10</p> <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. Based on record review and interview, the administrator failed to ensure employee performance evaluations were completed annually for 1 (employee F) of 4 employees employed longer than one year from a total sample of 7 records.</p> <p>Findings Include :</p> <p>1. The personnel file for employee F, a registered nurse, reviewed on 6/15/2016 at 1:35 PM indicated the employee was hired by the agency on 5/29/2014. The file failed to show evidence of a performance evaluation for 2015 and</p>	N 0446	N0446 The Agency Administrator has reviewed policy and will perform, or assign to designated supervisor to perform, employee performance evaluations annually for all employees between 9 and 15 months. Employee records will be retained in the employees personnel file and monitored by flow sheet to ensure no employee is overlooked - All staff are encouraged to remember their hire date at time of hire and to expect an annual performance evaluation- The Agency Administrator will monitor the Performance Evaluation Flow Sheet each month to ensure all employees have had	07/15/2016			

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N 0464 Bldg. 00	<p>2016.</p> <p>2. In a 6/15/2015 interview at 3:30 PM, the administrator was unable to provide additional documentation that an annual performance evaluation had been completed for the employee and stated " the evaluation was not done."</p> <p>3. An undated agency policy titled, Performance Evaluations stated " A performance evaluation will be conducted at least annually between 9 to 15 months by the appropriate supervisor...The original completed performance evaluation will be retained in the employee's personnel record."</p> <p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin</p>		<p>performance evaluation completed timelyThe Agency Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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	<p>skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on record review and interview, the agency failed to ensure all employees having direct patient contact were evaluated for tuberculosis for 3 of 7 employee records reviewed.</p>	N 0464	N0464 The Director of Nursing has scheduled mandatory staff inservice for appropriate procedures for infection control to include proper hand washing before, during, and after wound care procedures and	07/15/2016

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	<p>Findings Include:</p> <p>1. Personnel files were reviewed on 6/15/2016 at 1:35 PM for employees B, C and D.</p> <p>A. The file for employee B failed to evidence a second step Mantoux skin test to screen for tuberculosis and annual tuberculosis risk assessment as required by state law.</p> <p>B. The file for employee C failed to evidence a second step Mantoux skin test to screen for tuberculosis and annual tuberculosis risk assessment as required by state law.</p> <p>C. The file for employee D failed to evidence a second step Mantoux skin test to screen for tuberculosis as required by state law.</p> <p>2. An undated agency policy titled, Health Screening was reviewed 6/15/2016. The policy stated, " If the employee does not have documented evidence of a negative Mantoux skin test within the past twelve months, a Mantoux skin test will be given at the time of hire and repeated within one to three weeks of the first test."</p>		<p>after reviewing 2 Step PPD Policy, During the hiring process of new employees, all potential hires will be informed of agency policy of 2 Step PPD testing and annual follow-up as required by state law- Potential hires will not be allowed to work with clients until appropriate 2 Step PPD documents have been submitted to agency administrator- The 2 Step PPD documents will include Lot# and expiration date of PPD solution New hires may submit previous 2 Step PPD screening documents within 12 months of hire date to include Lot# and expiration date of PPD solution Personnel records will be reviewed prior to initial staff assignments by DON/Administrator to ensure staff are inserviced and appropriately screened before client care begins The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur</p>		

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N 0522 Bldg. 00	<p>3. The administrator was unable to provide additional information to evidence compliance with this standard at the 6/15/2016 3:50 PM exit interview.</p> <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: Based on record review, observation and interview, The physical therapist failed to ensure care followed the written plan of care for 1 (#7) of 10 records reviewed.</p> <p>Findings Include:</p> <p>1. Record #, reviewed 6/14/2016, included a plan for care established by the physician for the certification period 4/30/2016 through 6/28/2016 with orders for oxygen 2 liters continuously via nasal cannula.</p> <p>A. During a home visit on 6/14/2016 at 1:00 PM, employee D, a physical therapist was observed to ambulate patient #7 and instruct the patient while performing physical therapy exercises without the patient wearing oxygen as ordered.</p>	N 0522	N0522 The DON and Physical Therapy Supervisor have scheduled mandatory staff inservice on following MD orders for continuous oxygen to be used on those patients requiring continuous oxygen use including during Physical Therapy Treatment and patient education to ensure the patient is following MD orders at all times to use oxygen treatment as ordered Copies of all patient MD orders will be given to PT/PTA staff and reviewed with PT Supervisor prior to patient treatment and reviewed every 30 days thereafter throughout the certification period- Staff will update orders received by MD or follow-up from patient reports of changes to oxygen use order with clarification from MD, update chart and report to DON and PT Supervisor of any changes- Staff will document appropriately on visit notes per	07/15/2016

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N 0524 Bldg. 00	<p>B The physical therapist stated the patient was to "wear oxygen prn (as needed)."</p> <p>2. An undated agency policy titled, Care Plans stated, "The purpose [sic] of the care plan is to assure continuity and consistency between the disciplines providing care under the current plan."</p> <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>patient's individual orders The Administrator/PT Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur</p>		

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	<p>Based on record review and observation, The agency failed to ensure the plan of care included safety measures to protect against injury, and acceptable clinical parameters for 5 (#4,6,7,8 and 9) of 10 records reviewed.</p> <p>Findings Include :</p> <p>1. Clinical record # 4 with a start of care 5/15/2016 was reviewed 6/10/2016. The record included a plan of care established by the physician for the certification period 5/15/2016 through 7/13/2016 and indicated a primary diagnosis of essential hypertension. The record failed to include orders for safe blood pressure parameters and instructions for when the doctor should be called about the patient's blood pressure.</p> <p>2. Clinical record # 6 with a start of care 3/31/2016 was reviewed 6/13/2016. The record included a plan of care established by the physician for the certification period 5/30/2016 through 7/28/2016 and indicated a primary diagnosis of diabetes mellitus . The record failed to include orders for safe blood sugar parameters and instructions for when the doctor should be called about the patient's blood sugar.</p>	N 0524	N0524 The Director of Nursing has scheduled mandatory staff inservice for following and reporting vital signs and blood glucose out of parameters in order to obtain MD orders/advise for patient safety -All SOC's will now include parameters for vital sign reporting- Any patients with diagnosis of Diabetes will now have blood glucose parameters for MD notification- Staff will follow these orders and report to MD any values out of range to obtain new orders and to advise the patient- Patient teaching will include knowledge of these parameters so that the patient/caregiver are aware of these orders and what to expect if values are assessed out of range- Any values assessed out of range will be documented on visit note with any new order or follow-up per MD notification The Director of Nursing/Physical Therapy Supervisor will review all SOC and visit notes for appropriate documentation and physician notification/follow-up of patient specific parameters out of range for vital signs and blood glucose monitoring- The patient POC will also be reviewed with Staff to include any patient specific permitted/restricted activities The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur	07/15/2016			

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	<p>3. At a home visit observation for patient #7 on 6/14/2016, employee D, a physical therapist was observed to take the patient's blood pressure. The therapist stated, " I can't take your blood pressure in your left arm because of your dialysis access." The plan of care established by the patient's physician for the certification period 4/30/2016 through 6/28/2016 failed to include arm precaution instructions to protect the dialysis access and failed to note that the patient was receiving hemodialysis.</p> <p>4. Clinical record # 8 with a start of care 4/25/2016 was reviewed 6/15/2016. The record included a plan of care established by the physician for the certification period 4/25/2016 through 6/23/2016 and indicated a primary diagnosis of diabetes mellitus . The record failed to include orders for safe blood sugar parameters and instructions for when the doctor should be called about the patient's blood sugar.</p> <p>5. Clinical record # 9 with a start of care 2/13/2016 was reviewed 6/15/2016. The record included a plan of care established by the physician for the certification period 4/13/2016 through 6/11/2016 and indicated a diagnosis of diabetes mellitus . The record failed to include orders for safe blood sugar parameters and</p>			

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	<p>instructions for when the doctor should be called about the patient's blood sugar.</p> <p>6. An undated agency policy titled, Plan of Care states, " The plan of care shall be completed in full to include...activities permitted or restrictions ...any safety precautions to prevent injury...instructions to caregiver/patient as applicable."</p>			