

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/01/2012	
NAME OF PROVIDER OR SUPPLIER ALL VITAL HOME HEALTHCARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 8840 CALUMET AVENUE, SUITE 102B RM 1 MUNSTER, IN 46321			
(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			
N0000	<p>This visit was a home health agency initial state licensure survey.</p> <p>Survey Date: October 30 and 31 and November 1, 2012.</p> <p>Facility #: 12977.</p> <p>Medicaid Vendor #: N/A.</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Unduplicated Census: 3. Active records: 3. Home Visits: 1.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 5, 2012</p>	N0000	<p>November 9, 2012 Kelly Hemmelgarn, BSN, RNP HNSS - Program Director Indiana State Department of Health Acute Care - Section 4A2 North Meridian Street Indianapolis, IN 46204 RE: All Vital Home Healthcare, Inc. 8840 Calumet Avenue Suite 102B Rm 1 Munster, IN 46321 Facility # 012977 Dear Ms. Hemmelgarn, In response to the Indiana State Department of Health's Statement of Deficiencies from the Initial Licensure Survey completed on November 1, 2012 we have data entered our Plan of Correction into the Survey Report System. I wanted to express my appreciation for the convenience of receiving the documents electronically as well as the systems capability allowing us to enter responses electronically. High praise for your Survey Reporting System. Please contact me if you have any questions or need additional information by cell phone at (708) 207-1121 or e-mail at carol.behnke@vitalhomehealth.com Sincerely, Carol Behnke, RN Clinical Supervisor</p>				

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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N0440	<p>410 IAC 17-12-1(a) Home health agency administration/management Rule 12 Sec. 1(a) Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level shall be: (1) clearly set forth in writing; and (2) readily identifiable.</p> <p>Based on agency document review and interview, the agency failed to ensure the physical therapy services were included on the organizational chart in 1 of 1 organizational chart reviewed with the potential to affect all patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The organizational chart failed to include the contracted physical therapy staff. 2. At 1:40 PM on 10/31/12, Employee C indicated the agency did not employ therapists directly and physical therapists were contracted. Employee C indicated the organizational chart needed to be updated to delineate responsibility and reflect current agency staffing. 	N0440	<p>1) The Administrator/Designee will ensure that lines of authority for the delegation of responsibility down to the patient care level are clearly defined, set forth in writing, and readily identifiable. The Administrator revised the agency Organizational Chart to include "Contracted Physical Therapy Staff" to delineate responsibility and reflect current agency staffing. The Administrator/Designee will ensure accuracy in writing of lines of authority for the delegation of responsibility down to the patient care level by concurrent review anytime the Organizational Chart is updated. 2) Governing Body will ensure accuracy in writing of lines of authority for the delegation of responsibility down to the patient care level by quarterly review and approval of the Agency Organization Chart. 3) The Administrator and Clinical Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. Please see attached Organization Chart COMPLETION DATE 11-08-12 &</p>	11/08/2012			

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N0447	<p>410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (4) Ensure the accuracy of public information materials and activities.</p> <p>Based on admission packet review and interview, the administrator failed to ensure the admission packet documents were accurate for 1 of 1 agency with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>1. The admission packet, presented by Employee C on 10-30-12 at 11:00 AM CST as the agency's admission packet, included a letter to the patient that welcomed the patient to the agency, All Vital Home and Healthcare, Inc., 8840 Calumet Avenue, Suite 102B, Munster, Indiana 46321. The letter included the statement, "We are a Medicare certified Home Health Agency. All Vital Home Healthcare, Inc provides quality skilled services: Nursing, Therapy, Social Services, Home Health Aide in the comfort of your home when ordered by your Physician."</p>	N0447	<p>1) The Administrator/Designee revised the admission document - Welcome Letter. ·The following statement has been omitted "We are a Medicare certified Home Health Agency" ·The revised Welcome Letter reads - "All Vital Home Healthcare, Inc. provides quality skilled services: Nursing, Physical Therapy, and Home Health Aide in the comfort of your home when ordered by your Physician." 2) The revised letter will be provided to all active patients; admission documents will include revised "Welcome Letter".3) The Administrator/Designee shall review all public information and activities at least quarterly to ensure and accuracy.4) The Administrator and Clinical Supervisor will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. See attached Welcome Letter</p> <p>COMPLETION DATE 11-16-12 & ONGOING</p>	11/16/2012			

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	2. In an interview on 10-30-12 at 11:30 AM CST, Employee D indicated the agency was not Medicare certified and did not offer social work services.			

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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 record review and interview, the home health agency failed ensure visits were provided as ordered on the plan of care in 1 of 3 records reviewed with the potential to affect all patients of the agency. (#1)</p> <p>The findings include:</p> <p>1. Clinical record #1, start of care 10-4-12, contained a plan of care for the certification period dated 10/4/12-12/2/12 with orders for Home Health Aide (HHA) one (1) time for the first week of 10 /4/12-10/6/12 and two times (2) per week for the next three (3) weeks starting the week beginning 10-7-12. The record failed to evidence home health aide visits for the week of 10/4/12-10/6/12 (week 1). Only one visit, 10/10/12, was documented for the week of 10/7-10/13/12 (week 2).</p> <p>The plan of care also contained orders for the skilled nurse to visit 1 time a week for 9 week. The record failed to evidence a skilled nurse visit was made</p>	N0522	<p>1) The Clinical Supervisor/Alternate in-serviced the clinical field staff on compliance with the Medical Plan of Care as follows: Compliance with established plan of care to reflect all services being provided per physician's order; specifically frequency of SN & HHA visits includes timely submission of visit documentation and documented physician notification including reason for missed visits.</p> <p>2) Field clinician is responsible for self-scheduling of visits, and submitting proposed schedule of visits. Process is overseen by the Clinical Supervisor/Alternate who is responsible for correcting and monitoring.</p> <p>3) Clinical Supervisor/Alternate in-serviced support staff on concurrent medical record audit verifying visit frequency; documented on 9-10 week calendar for corresponding certification period weekly on Wednesday for the previous week (Sunday through Saturday).</p> <p>4) Clinical Supervisor/Alternate will audit medical record for compliance quarterly and is responsible for monitoring these corrective actions to ensure that this</p>	11/09/2012			

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	<p>the week of 10/7/12 - 10/13/12.</p> <p>2. During an interview on 10/30/12 at 2:00:PM, employee D indicated the medical record for patient #1 did not have documentation of a home health aide visit for the week of 10/4/12-10/6/12 or a second visit for the second week (10/7-10/13/12) for the home health aide or the skilled nurse visit for the week of 10/7/12.</p>		<p>deficiency is corrected and will not recur. COMPLETION DATE 11-09-12 & ONGOING</p>	

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on interview and review of records, the agency failed to insure a medical Plan of Care was complete for 1 of 3 (#1) clinical records reviewed with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record # 1, start of care (SOC) 10-4-12, included a plan of care for the certification period 10-4-12 to 12-2-12 	N0524	<p>1) The Clinical Supervisor/Alternate in-serviced all staff on agency Policy AV HH 2004.1 Care Planning Process which states;</p> <ul style="list-style-type: none"> o A written plan of care will be initiated within (5) days of the start of care and updated as the patient's condition warrants. o Definitions of data items the clinical plan of care includes but not limited to A. Pertinent primary and secondary diagnosis, B. Food or drug allergies, C. Homebound status, D. 	11/09/2012			

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	<p>that failed to identify the functional limitations, activities permitted, mental status, and prognosis.</p> <p>2. Review of policy AV HH 2004.1-3 dated 09-2012 states, "A written plan of care will be initiated within five (5) days of start of care and updated as the patient's condition warrants." Under: "Definitions 1. Plan of Care: The clinical plan of care includes: A. Pertinent primary and secondary diagnoses, B. Food or drug allergies, C. Homebound status, D. Goals/outcomes to be achieved E. Patient's mental status, F. Functional limitations, G. Activities permitted, P. Prognosis."</p> <p>3. Per employee C on 10-31-12 at 1:30 PM CST, the policy is the current policy in use by the agency and the plan of care is the current plan of care for patient#1.</p>		<p>Goals/outcomes to be achieved, F. Functional limitations, G. Activities permitted, P. Prognosis</p> <p>o Clinical Supervisor/Alternate is responsible for correcting and monitoring</p> <p>2) Clinical Supervisor/Alternate is responsible to ensure compliance with company policy AV HH2004.1 Care Planning Process to ensure a written plan of care is initiated within (5) five days of the start of care, updated as the patient's condition warrants, and all data items completed prior to final signature by the nurse.</p> <p>3) Clinical Supervisor/Alternate will audit medical record for compliance quarterly and is responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> <p>COMPLETION DATE 11-09-12 & ONGOING</p>				