STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157285	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANTAGE HOME HEALTH CARE INC	4008 N WHEELING AVE MUNCIE, IN 47304

(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
G0000	This was a home health federal complaint investigation survey. Complaint #: IN00114192 - Unsubstantiated: Lack of sufficient evidence. An unrelated deficiency is cited. Survey date: September 17-18, 2012 Facility #: 157285 Medicaid Vendor: 100374770 Surveyor: Susan Sparks, RN, Public Health Nurse Surveyor (PHNS) Dawn Snider, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN September 21, 2012	G0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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G0230	484.36(d)(3) SUPERVISION If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care. Based on clinical record, agency documentation, and policy review and interview the agency failed to ensure supervisory visits were made when the home health aide was providing care in 5 of 5 home health aide only records reviewed with the potential to effect all 25 home health aide only patients. (B, I, L, and M) Findings: 1. Clinical record 1, start of care (SOC) 10/14/11, included a plan of care with physician orders for home health aide only for the certification period 12/13/12 to 2/10/12. Agency documents titled "Supervisory Visit Note" dated 1/4/12 and 2/2/12 for home health aide (HHA) B failed to evidence the home health aide was present and providing care at either supervisory visit.	G0230	Reviewed existing policies regarding supervision of aides every 60 days with the Nursing Supervisors. Reviewed documentation of the supervision of aides on the "Supervisory Visit Note" including tasks observed, competency and any teaching/instruction given in memo dated and distributed 9/26/2012 and Supervisory Meeting scheduled 10/16/2012.Revised "Supervisory Visit Note" and Supervisory Visit Note Policy to include section on aide tasks observed, competency and any teaching/instruction given.10% of clinical records will be audited quarterly for evidence that the supervisory visit occurs while the home health aide is providing care at least every 60 days.The Nursing Director and alternate will be responsible to monitor these corrective actions to ensure this deficiency is corrected and will not recur.	10/18/2012

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NAME OF PROVIDER OR SUPPLIER ADVANTAGE HOME HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4008 N WHEELING AVE MUNCIE, IN 47304	

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	2. Clinical record 2, SOC 10/14/11, included a plan of care with physician orders for home health aide only for the certification period 12/13/12 to 2/10/12. Agency documents titled "Supervisory Visit Note" dated 1/4/12 and 2/2/12 for HHA B failed to evidence the home health aide was present and providing care at either supervisory visit. 3. Clinical record 3, SOC 3/21/11, included a plan of care with physician orders for home health aide only for the certification period 4/7/12 to 6/3/12. Agency documents titled "Supervisory Visit Note" dated 4/11/12 and 5/11/12 for HHA L failed to evidence the home health aide was present and providing care at either supervisory visit. 4. Clinical record 4, SOC 3/28/12, included a plan of care with physician orders for home health aide only for the certification periods 7/26/12 to 9/23/12 and 5/27/12 to 7/25/12. Agency documents titled "Supervisory Visit Note" dated 7/25/12 and 8/16/12 for HHA I failed to evidence the home health aide was present and providing care at either supervisory visit. 5. Clinical record 5, SOC 11/24/10, included a plan of care with physician orders for home health aide only for the			

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	certification period 7/21/12 to 9/18/12. Agency documents titled "Supervisory Visit Note" dated 8/21/12 and 9/11/12 for HHA M failed to evidence the home health aide was present and providing care at either supervisory visit. 6. A policy titled "Supervisory Visit Guidelines", Revised 12/14/2011, states, "SUPERVISION OF THE HOME HEALTH AIDE 1. When the aide is present, assess patient care techniques as care is being provided. Aide only cases require assessment of employee's patient care techniques at least once every 60 days." 7. On September 18, 2012, at 3:30 PM, Employee C indicated the supervisory visits had not occurred while the aides were providing care.			