

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 04/18/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1711 SOUTH STATE ROAD 135, SUITE A GREENWOOD, IN 46143
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N0000	<p>This visit was for a home health initial state licensure survey.</p> <p>Survey dates: 4/16-4/18/12</p> <p>Facility # 012765</p> <p>Survey Team: Dawn Snider, RN, PHNS</p> <p>Census Service Type:</p> <p>Skilled: 5 Home Health Aide Only: 0 Personal Care Only: 0 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">April 23, 2012</p>	N0000		

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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N0458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on personnel record, policy, and document review and interview, the agency failed to ensure all personnel files evidenced receipt of a job description and orientation to the job prior to assignment of job responsibilities for 1 of 4 records reviewed (D) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Personnel file D, the alternate director of nursing (DON), date of hire unknown, failed to evidence the employee had a signed job description and had been oriented to the position of alternate director of nursing.</p>	N0458	The Agency failed to ensure all personnel files evidenced receipt of a job description and orientation to the job prior to assignment of job responsibilities for 1 of 4 records reviewed with potential to affect all the patients of the Agency. The requirement has been corrected and is now met. All employee personnel files contain a job description and orientation to the position. Continued compliance to this requirement is the responsibility of the Administrator who must ensure that all required information is included in all personnel files. A face sheet has been implemented to track all required information and their due dates. All personnel files will be reviewed at hire and monthly for	04/18/2012			

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	<p>2. On 4/16/12 at 10:33 AM, the administrator indicated the alternate director of nursing had not yet completed the hiring process.</p> <p>3. The Golden Age Home Health Care, LLC Board of Directors minutes dated and signed 1/15/12 by the administrator, appointed employee D as the Alternate Agency Supervisor (Alternate DON).</p> <p>4. On 4/16/12 at 3:00 PM employee D, the alternate director of nursing, indicated she had not signed a job description nor been oriented to her job responsibilities as alternate DON.</p> <p>5. The undated policy titled "1.29 POLICY DURING THE ABSENCE OF THE ADMINISTRATOR/DIRECTOR OF NURSING" states, "I, [employee A], RN, Director of Nursing do hereby give Clinical authority to [employee D], RN Alternate Director of Nursing, during my absences form the premises of the Agency."</p> <p>6. The undated policy titled "4.13 PERSONNEL RECORDS" states, "1. Documentation that indicates receipt of orientation and job description."</p>		<p>six months to ensure compliance. Thereafter they will be reviewed every two months on an ongoing basis.</p>	

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N0460	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on personnel record, policy, and document review and interview, the agency failed to ensure the alternate director of nursing file evidenced receipt of a job description and orientation to the job prior to assignment of job responsibilities for 1 of 2 records reviewed (D) of supervising nurses with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Personnel file D, the alternate director of nursing (DON), date of hire unknown, failed to evidence the employee had a signed job description and had been oriented to the position of alternate director of nursing.</p>	N0460	<p>The Agency failed to ensure that the alternate director of nursing's personnel file had evidence of receipt of a job description and orientation to the job prior to assignment of job responsibilities. The requirement has been corrected and is now met. All employee personnel files including the alternate director of nursing's personnel file contain a job description and orientation to the position. Continued compliance to this requirement is the responsibility of the Administrator who must ensure that all required information is included in all personnel files. A face sheet has been implemented to track all required information and their due dates. All personnel files will be reviewed at hire and monthly for six months to ensure compliance. Thereafter they will be reviewed every two months on an ongoing basis.</p>	04/19/2012			

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	<p>2. On 4/16/12 at 10:33 AM, the administrator indicated the alternate director of nursing had not yet completed the hiring process.</p> <p>3. The Golden Age Home Health Care, LLC Board of Directors minutes dated and signed 1/15/12 by the administrator, appointed employee D as the Alternate Agency Supervisor (Alternate DON).</p> <p>4. On 4/16/12 at 3:00 PM employee D, the alternate director of nursing, indicated she had not signed a job description nor been oriented to her job responsibilities as alternate DON.</p> <p>5. The undated policy titled "1.29 POLICY DURING THE ABSENCE OF THE ADMINISTRATOR/DIRECTOR OF NURSING" states, "I, [employee A], RN, Director of Nursing do hereby give Clinical authority to [employee D], RN Alternate Director of Nursing, during my absences form the premises of the Agency."</p> <p>6. The undated policy titled "4.13 PERSONNEL RECORDS" states, "1. Documentation that indicates receipt of orientation and job description."</p>			

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N0462	<p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on personnel file review and policy review, the agency failed to ensure all employees had a physical exam that identified the employee was free from communicable disease for 1 of 4 files reviewed (D) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file D, the alternate director of nursing, date of hire unknown, failed to evidence a physical exam that identified the employee was free of communicable disease. 2. The undated policy titled, "4.9 SCREENING AND HIRING states, "The record must include: a. A physical examination certifying that the employee is free of communicable diseases." 	N0462	<p>The Agency failed to ensure that each employee having direct patient contact received a physical examination no more than one-hundred-eighty (180) days before the date that the employee has direct patient contact. This requirement has been corrected and is now met. All field employees receive a physical examination at the time of hire stating that he/she is free of communicable disease and that he/she will not spread infectious disease to patients. The Administrator must ensure that all field employees receive a physical at hire. All personnel files will be reviewed at hire and every month for six months. Thereafter they will be reviewed every two months on an ongoing basis.</p>	04/26/2012			

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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, interview, and observation, the agency failed to ensure all pulse oximetry was ordered on the plan of care for 1 of 3 patients (#2) with home visits with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 4/17/12 at 1:10 PM during a home visit, the Director of Nursing (DON) was observed to perform a pulse oximetry on patient #2. The plan of care dated 4/4/12 to 6/2/12 failed to include an order for pulse oximetry. 2. On 4/17/12 at 1:30 PM, the DON indicated pulse oximetry is performed on most of the patients. 3. The undated policy titled "2.18 PYHSICIAN'S PLAN OF TREATMENT" states, "5. A physician's plan of treatment ... and must include: ... (5) Specific orders ..." 10. Any changes in the physician's plan of treatment shall be made in writing and signed and dated by 	N0522	<p>The Agency failed to have a physician order to perform a pulse oximetry for one patient. This requirement has been corrected and is now met. All patients receiving pulse oximetry have a physician order to perform this procedure. The Administrator is responsible for implementing this corrective action. All field staff have been instructed in this requirement and verbalize understanding. All patient records will be reviewed at admission and monthly for six months to ensure compliance. Thereafter they will be reviewed every two months on an ongoing basis.</p>	04/19/2012			

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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 policy review, the agency failed to ensure the plan of care included all the medications for 1 of 5 clinical records reviewed (#1) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. On 4/17/12 at 12:40 PM during the</p>	N0524	The Agency failed to include all medications on 1 of 5 patients. This requirement has been corrected and is now met. All medications are included in every patients record including prescribed medications, over the counter medications and supplements. All medications are listed on the plan of care and the medication profile and discussion of these medications is documented in the patient record. When a new medication is added, it is written on the	04/19/2012			

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	<p>home visit, the director of nursing was observed to provide teaching for the medication Nitroglycerin. The medication was not listed on the plan of care dated 3/30/12 to 5/28/12.</p> <p>2. The undated policy titled "2.18 PHYSICIAN'S PLAN OF TREATMENT" states, "5. A Physician's plan of treatment must be signed by the physician and in the chart ... and must include: ... (2) Medications."</p>		<p>medication profile, discussed with he patient and documented in the patient's record. If this new medication is continued into the next certification period, it is included on the 485. All medications on the 485 match those on the medication profile. Compliance with this requirement is the responsibility of the Director of Nursing who must ensure that all staff understand and follow this requirement. All staff have been instructed in this requirement and verbalize understanding. All patient records will be reviewed at admission and monthly for six months. Thereafter they will be reviewed every two months on an ongoing basis to ensure continued compliance.</p>				