

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 05/08/2013
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NAME OF PROVIDER OR SUPPLIER RIVER TERRACE ESTATES HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 400 CAYLOR BLVD BLUFFTON, IN 46714
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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
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N000000	<p>This was a Home Health state licensure survey.</p> <p>Survey date: May 6, 2013</p> <p>Facility #: IN012381</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 3 Home Health Aide Only: 1 Personal Service Only: 0 Total: 4</p> <p>Sample: RR w/HV: 0 RR w/o HV: 4 Total: 4</p> <p>The agency's active patient census was zero; therefore, no home visits were able to be conducted.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 13, 2013</p>	N000000		
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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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N000446	<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 personnel file review and interview, the administrator failed to ensure all employees had an annual evaluation for 1 of 4 personnel files reviewed. (D)</p> <p>Findings include</p> <ol style="list-style-type: none"> Personnel file D, a Home Health Aide, DOH 10/17/11, failed to evidence an annual evaluation had been completed. On 5/6/13 at 2:20 PM, employee A indicated an annual evaluation for employee D could not be located. 	N000446	<p>N 0446Home Health Agency Administration/Management1. Corrective action put in place for the personnel files for home health employees to be effected in the alleged deficient practice.2. A registered nurse will provide an annual performance evaluation for all employees who deliver home health services.3. The personnel file D, a home health aide is no longer employed by River Terrace Estates. She resigned in December, 2012.4.The plan of action will be in compliance by may 20, 2013.</p>	05/20/2013			

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N000458	<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. Based on personnel file review and interview, the agency failed to ensure copies of required documents were in employee files for 4 of 4 employee files reviewed with the potential to affect all the agency's patients. (A, B, C, and D)</p> <p>Findings include:</p> <p>1. Personnel file D, a Home Health Aide, DOH 10/17/11, failed to evidence an annual evaluation.</p> <p>2. On 5/6/13 at 2:20 PM, employees A and E both indicated they could not locate an annual evaluation for employee D.</p>	N000458	<p>N 0458Home Health Agency Administration/Management1. Corrective action put in place for personnel files of qualified employees who deliver home health services for the alleged deficient practice.2. All personnel records for all employees who deliver home health services shall be 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 evaluation3. The agencies Human Resource department will ensure copies of</p>	05/20/2013			

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			all required forms are current and placed in the employee file. 4. A registered nurse will complete the annual performance evaluation for all employees who deliver home health services.5. Personnel file D, a home health aide is no longer employed by River Terrace Estates. She resigned in December, 2012.6. The plan of correction will be in compliance by May 20, 2013.		