

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157606	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/21/2013
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NAME OF PROVIDER OR SUPPLIER LOVING CARE AGENCY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2647 WATERFRONT PKWY E DR STE 150 INDIANAPOLIS, IN 46214
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N000000	<p>This visit was a Home Health state licensure survey.</p> <p>Survey Dates: June 17-19 , 2013</p> <p>Facility Number: 007136</p> <p>Surveyors: Kelly Ennis, BSN, RN, Public Health Nurse Surveyor Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 141 Home Health Aide Only: 0 Personal Care Only: 0 Total: 141</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 21 2013</p>	N000000		

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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N000522	<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 policy review, record review, and interview, the home health agency failed to ensure visits and treatments were made in accordance with the plan of care in 2 of 5 clinical records reviewed with the potential to affect all patients of the agency. (#1 and #4)</p> <p>Findings include:</p> <ol style="list-style-type: none"> The policy titled "Scheduling" policy number 3-2 states, "Documentation will reflect scheduled care ... Missed shifts or hours outside the frequency ordered by the physician are to be reported to the physician. Notification will be documented in the record." The policy titled "Physician's Orders" policy number 3-10 states, "The physician will be notified of any missed shifts or instances where orders were not followed." Clinical record #1, start of care 10/17/07, contained a home health 	N000522	<p>The agency will re-educate all clinical staff (both administrative and field) re the process of verifying MD orders, documentation and charting of orders carried out to reflect accuracy. This will be done in writing with an in-service document. Additionally during the recertification visit, the POC will be reviewed for appropriateness of all orders.</p> <p>At patient discharge, the clinical file will be reviewed for missed shifts. Any missed shifts not previously reported to MD will be done at this time and documented as such.</p> <p>Responsible Party: Clinical Director, Clinical Manager, Clinical Supervisor, Associate Branch Director</p> <p>Completion Date: 7/27/13</p> <p>Follow Up: On a quarterly basis, a 10% sample of clinical records will</p>	07/27/2013	

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	<p>certification and plan of care dated 5/20/13-7/18/13 with orders for Skilled Nursing to ensure the Mic-Key "balloon is maintained with 4 ml [milliliters] of water." Review of the record evidenced the following:</p> <p>A. The Skilled Shift note completed by employee G, Registered Nurse (RN), dated 5/21/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>B. The Skilled Shift note completed by employee G, RN, dated 5/23/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>C. The Skilled Shift note completed by employee G, RN, dated 5/24/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>D. The Skilled Shift note completed by employee H, RN, dated 5/25/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>E. The Skilled Shift note completed by employee G, RN, dated 5/26/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>F. The Skilled Shift note completed by employee F, Licensed Practical Nurse (LPN), dated 5/27/13 indicates</p>		<p>be reviewed by the clinical manager or designee to ensure ongoing compliance. In addition review of this requirement is included during ongoing corporate audits.</p>		

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	<p>the Mic-key tube had "3 mls in balloon."</p> <p>G. The Skilled Shift note completed by employee F, LPN, dated 5/28/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>H. The Skilled Shift note completed by employee F, LPN, dated 5/29/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>I. The Skilled Shift note completed by employee G, RN, dated 5/30/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>J. The Skilled Shift note completed by employee G, RN, dated 5/31/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>K. The Skilled Shift note completed by employee H, RN, dated 6/1/13 indicates the Mic-key tube had "2-3 mls in balloon."</p> <p>L. The Skilled Shift note completed by employee H, RN, dated 6/2/13 indicates the Mic-key tube had "2-3 mls in balloon."</p> <p>M. The Skilled Shift note completed by employee F, LPN, dated 6/3/13</p>			

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	<p>indicates the Mic-key tube had "3 mls in balloon."</p> <p>N. The Skilled Shift note completed by employee G, RN, dated 6/4/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>O. The Skilled Shift note completed by employee F, LPN, dated 6/5/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>P. The Skilled Shift note completed by employee G, RN, dated 6/6/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>Q. The Skilled Shift note completed by employee G, RN, dated 6/7/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>R. The Skilled Shift note completed by employee G, RN, dated 6/8/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>S. During an interview on 6/18/13 at 5:00 PM, employee B, Alternate Administrator, indicated the standard practice is to check the balloon one time per week. Employee B indicated if the nurse documented 2 or 3 ml, they should have added water to</p>			

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	<p>equal the ordered amount of 4 ml.</p> <p>4. Clinical record #4, start of care 7/7/07, contained a home health certification and plan of care dated 2/19/13-4/19/13 with orders for Skilled Nursing to visit 8-10 hours a day, 4-6 days a week for 60 days. The orders also indicated for skilled nursing to perform an in and out catheterization with a 12 french catheter. Review of the record evidenced the following:</p> <p>A. The Skilled Shift note completed by employee I, LPN, dated 2/19/13 indicates a 14 french catheter was used.</p> <p>B. The Skilled Shift note completed by employee J, LPN, dated 2/20/13 indicates a 14 french catheter was used.</p> <p>C. Missed visits occurred the week of 2/17/13, 2/24/13, and 3/24/13. No doctor notification was found in the record</p> <p>D. During an interview on 6/28/13 at 5:10 PM, employee B, alternate administrator, indicated the doctor is notified of any missed visits on the new plan of care for the next certification period. Employee B indicated there is no record the doctor</p>						

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	was notified of these missed visits because this patient was discharged prior to a new plan of care coming due.				

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N000537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows:</p> <p>Based on policy review, record review, and interview, the home health agency failed to ensure skilled nursing visits and treatments were made in accordance with the plan of care in 2 of 5 clinical records reviewed with the potential to affect all patients of the agency. (#1 and #4)</p> <p>Findings include:</p> <ol style="list-style-type: none"> The policy titled "Scheduling" policy number 3-2 states, "Documentation will reflect scheduled care ... Missed shifts or hours outside the frequency ordered by the physician are to be reported to the physician. Notification will be documented in the record." The policy titled "Physician's Orders" policy number 3-10 states, "The physician will be notified of any missed shifts or instances where orders were not followed." Clinical record #1, start of care 	N000537	<p>The agency will re-educate all clinical staff (both administrative and field) re the process of verifying MD orders, documentation and charting of orders carried out to reflect accuracy. This will be done in writing with an in-service document. Additionally during the recertification visit, the POC will be reviewed for appropriateness of all orders.</p> <p>At patient discharge, the clinical file will be reviewed for missed shifts. Any missed shifts not previously reported to MD will be done at this time and documented as such.</p> <p>Responsible Party: Clinical Director, Clinical Manager, Clinical Supervisor, Associate Branch Director</p> <p>Completion Date: 7/27/13</p> <p>Follow Up: On a quarterly basis, a 10% sample of clinical records will</p>	07/27/2013

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	<p>10/17/07, contained a home health certification and plan of care dated 5/20/13-7/18/13 with orders for Skilled Nursing to ensure the Mic-Key "balloon is maintained with 4 ml [milliliters] of water." Review of the record evidenced the following:</p> <p>A. The Skilled Shift note completed by employee G, Registered Nurse (RN), dated 5/21/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>B. The Skilled Shift note completed by employee G, RN, dated 5/23/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>C. The Skilled Shift note completed by employee G, RN, dated 5/24/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>D. The Skilled Shift note completed by employee H, RN, dated 5/25/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>E. The Skilled Shift note completed by employee G, RN, dated 5/26/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>F. The Skilled Shift note completed by employee F, Licensed Practical</p>		<p>be reviewed by the clinical manager or designee to ensure ongoing compliance. In addition review of this requirement is included during ongoing corporate audits.</p>				

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	<p>Nurse (LPN), dated 5/27/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>G. The Skilled Shift note completed by employee F, LPN, dated 5/28/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>H. The Skilled Shift note completed by employee F, LPN, dated 5/29/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>I. The Skilled Shift note completed by employee G, RN, dated 5/30/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>J. The Skilled Shift note completed by employee G, RN, dated 5/31/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>K. The Skilled Shift note completed by employee H, RN, dated 6/1/13 indicates the Mic-key tube had "2-3 mls in balloon."</p> <p>L. The Skilled Shift note completed by employee H, RN, dated 6/2/13 indicates the Mic-key tube had "2-3 mls in balloon."</p> <p>M. The Skilled Shift note completed</p>			

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	<p>by employee F, LPN, dated 6/3/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>N. The Skilled Shift note completed by employee G, RN, dated 6/4/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>O. The Skilled Shift note completed by employee F, LPN, dated 6/5/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>P. The Skilled Shift note completed by employee G, RN, dated 6/6/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>Q. The Skilled Shift note completed by employee G, RN, dated 6/7/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>R. The Skilled Shift note completed by employee G, RN, dated 6/8/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>S. During an interview on 6/18/13 at 5:00 PM, employee B, Alternate Administrator, indicated the standard practice is to check the balloon one time per week. Employee B indicated if the nurse documented 2 or 3 ml,</p>			

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	<p>they should have added water to equal the ordered amount of 4 ml.</p> <p>4. Clinical record #4, start of care 7/7/07, contained a home health certification and plan of care dated 2/19/13-4/19/13 with orders for Skilled Nursing to visit 8-10 hours a day, 4-6 days a week for 60 days. The orders also indicated for skilled nursing to perform an in and out catheterization with a 12 french catheter. Review of the record evidenced the following:</p> <p>A. The Skilled Shift note completed by employee I, LPN, dated 2/19/13 indicates a 14 french catheter was used.</p> <p>B. The Skilled Shift note completed by employee J, LPN, dated 2/20/13 indicates a 14 french catheter was used.</p> <p>C. Missed visits occurred the week of 2/17/13, 2/24/13, and 3/24/13.</p>			

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N000553	<p>410 IAC 17-14-1(a)(2)(A) Scope of Services Rule 14 Sec. 1(a) (2) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (A) Provide services in accordance with agency policies.</p> <p>Based on policy review, record review, and interview, the home health agency failed to ensure the licensed practical nurse (LPN) furnished services in accordance with agency policy in 2 of 5 clinical records reviewed with the potential to affect all patients of the agency who receive services by a licensed practical nurse. (#1 and #4)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The policy titled "Scheduling" policy number 3-2 states, "Documentation will reflect scheduled care." 2. Clinical record #1, start of care 10/17/07, contained a home health certification and plan of care dated 5/20/13-7/18/13 with orders for Skilled Nursing to ensure the Mic-Key "balloon is maintained with 4 ml [milliliters] of water." Review of the record evidenced the following: 	N000553	<p>The agency will re-educate all clinical staff (both administrative and field) re the process of verifying MD orders, documentation and charting of orders carried out to reflect accuracy. This will be done in writing with an in-service document. Additionally during the recertification visit, the POC will be reviewed for appropriateness of all orders.</p> <p>At patient discharge, the clinical file will be reviewed for missed shifts. Any missed shifts not previously reported to MD will be done at this time and documented as such.</p> <p>Additionally as part of the field supervisory visit, the POC and nursing documentation will be reviewed with the staff present at the time of visit to ensure accuracy and compliance with orders.</p> <p>Responsible Party: Clinical Director, Clinical Manager, Clinical Supervisor, Associate Branch Director</p>	07/27/2013			

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	<p>A. The Skilled Shift note completed by employee F, Licensed Practical Nurse (LPN), dated 5/27/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>B. The Skilled Shift note completed by employee F, LPN, dated 5/28/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>C. The Skilled Shift note completed by employee F, LPN, dated 5/29/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>D. The Skilled Shift note completed by employee F, LPN, dated 6/3/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>E. The Skilled Shift note completed by employee F, LPN, dated 6/5/13 indicates the Mic-key tube had "3 mls in balloon."</p> <p>F. During an interview on 6/18/13 at 5:00 PM, employee B, Alternate Administrator, indicated the standard practice is to check the balloon one time per week. Employee B indicated if the nurse documented 2 or 3 ml, they should have added water to equal the ordered amount of 4 ml.</p>		<p>Completion Date: 7/27/13</p> <p>Follow Up: On a quarterly basis, a 10% sample of clinical records will be reviewed by the clinical manager or designee to ensure ongoing compliance. In addition review of this requirement is included during ongoing corporate audits.</p>	

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NAME OF PROVIDER OR SUPPLIER LOVING CARE AGENCY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2647 WATERFRONT PKWY E DR STE 150 INDIANAPOLIS, IN 46214
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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
	<p>3. Clinical record #4, start of care 7/7/07, contained a home health certification and plan of care dated 2/19/13-4/19/13 with orders for Skilled Nursing to perform an in and out catheterization with a 12 french catheter. Review of the record evidenced the following:</p> <p>A. The Skilled Shift note completed by employee I, LPN, dated 2/19/13 indicates a 14 french catheter was used.</p> <p>B. The Skilled Shift note completed by employee J, LPN, dated 2/20/13 indicates a 14 french catheter was used.</p>			