

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K069		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/12/2013	
NAME OF PROVIDER OR SUPPLIER GUARDIAN HOME HEALTH LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1521 S 3RD ST TERRE HAUTE, IN 47802			
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G000000	<p>This was a Federal home health complaint investigation survey.</p> <p>Complaint #: IN00139949 and IN00140828 - Substantiated, Federal deficiencies related to the complaint are cited.</p> <p>Survey Date: 12-12-13</p> <p>Facility #: 012338</p> <p>Medicaid Vendor #: 201018830</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Census 13</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 16, 2013</p>	G000000					

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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G000321	<p>484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set.</p> <p>Based on clinical record and Indiana State Department of Health (ISDH) document review and interview, the agency failed to ensure OASIS data had been transmitted within 30 days of completion in 10 (patients numbered 1, 2, 4, 5, and 6) of 11 assessments reviewed creating the potential to affect all of the agency's 13 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. An ISDH document dated 12-12-13 evidenced recertification assessments had been completed on 7-26-13, 9-24-13, and 11-25-13 for patient number 1. The document evidenced the OASIS data had not been transmitted until 12-5-13. 2. Clinical record number 2 evidenced a recertification comprehensive assessment dated 8-28-13. An ISDH document dated 12-12-13 failed to evidence the OASIS data had been transmitted. 3. An ISDH document dated 12-12-13 evidenced a recertification assessment had been completed on 6-26-13 and a discharge assessment had been completed 	G000321	<p>G321</p> <p>G321 The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing and OASIS data set.</p> <p>All agency RNs were in-serviced on 12/19/13 on Oasis requirements.</p> <p>Every 30 days the Oasis Final Validation Report will be audited to ensure all transmissions are correct and complete by the Administrator/DON.</p> <p>All Oasis transmissions will be audited</p>	01/11/2014

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	<p>on 7-19-13 for patient number 4. The document evidenced the OASIS data had not been transmitted until 12-5-13.</p> <p>4. An ISDH document dated 12-12-13 evidenced recertification assessments had been completed on 6-27-13, 8-27-13, and 10-29-13 for patient number 5; a transfer to an inpatient facility assessment had been completed on 9-18-13; and a resumption of care assessment had been completed on 9-24-13. The document evidenced the OASIS data had not been transmitted until 12-5-13.</p> <p>5. The administrator stated, on 12-12-13 at 10:50 AM, "We have been doing terrible with our transmissions. We have had multiple computer issues and I am unable to access the CMS website to transmit."</p>		<p>through QA quarterly meetings by DON/ADON.</p> <p>The first week of December 2013 OASIS assessments were completed in HAVEN and exported without difficulty. Upon attempt to transmit on the CMS website, the website could not be reached. On December 5,2013 the Administrator called QIES helpdesk as instructed in the OASIS user manual.</p> <p>The QIES help desk directed the Administrator to download Firefox/Mozilla and use this engine to allow the agencies computer to communicate with the CMS computer system. The QIES helpdesk advised that the problem was due to the general public</p>	

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			<p>automatic software updates and that the CMS website was behind technically. The Administrator did download Firefox and was able to log on and transmit the OASIS assessments. An initial feedback report was obtained that states the submission was received at 15:53 on 12/5/2013. A final validation report could not be obtained as a virus was also downloaded with the Firefox engine. This caused the Administrators computer to be completely locked up within minutes. The Administrator attempted to restore the computer without success. On December 12,2013 the Surveyor (Vicky Harmon, RN) came to the agency . The situation was explained and evidence given to show the OASIS assessments had been done and exported on HAVEN but not transmitted due to computer issues. Office Max IT was hired and worked</p>		

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			<p>many hours to correct the problem. On December 18, 2013 the decision was made</p> <p>by the Administrator, at the advice of Office Max IT tech to replace the</p> <p>Administrator's computer with a new, uninfected tower. On 12/20/2013, The administrator</p> <p>was able to access the CMS website and obtain the Final Validation Report for</p> <p>the 12/5/13 transmission.</p>		

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G000334	<p>484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.</p> <p>Based on clinical record review and interview, the agency failed to ensure comprehensive assessments had been completed within 5 calendar days of the start of care date in 2 (#s 2 and 3) of 3 records reviewed creating the potential to affect all of the agency's 13 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Clinical record number 2 included a plan of care established by the physician for the certification period 9-23-13 to 11-21-13. The plan of care states, "SOC [start of care] 9.23.13." The record evidenced an initial comprehensive assessment had been completed by employee A, the administrator and a registered nurse, on 8-28-13, 26 days prior to the start of care. Clinical record 3 included a plan of care established by the physician for the certification period 7-22-13 to 9-19-13. The plan of care states, "We are taking over care 7-22-13." The record evidenced 	G000334	<p>G334 Comprehensive Assessments</p> <p>will be completed no later than 5 daysThe ADON will review the chart of every</p> <p>admission within 5 days focusing after the start of care. The DON/ADON will assign all Comprehensive Assess-ments to ensure timely completion.on the</p> <p>Comprehensive Assessment to ensure</p> <p>completion.</p>	12/12/2013	

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	<p>an initial comprehensive assessment had been completed by a former employee, employee B, a registered nurse, on 7-8-13, 14 days prior to the start of care.</p> <p>3. The administrator indicated during the entrance conference on 12-12-13 at 10:50 AM, the initial and start of care comprehensive assessments were completed at the same time during the first visit to the patient's home.</p>				

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G000341	<p>484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge. Based on clinical record review and interview, the agency failed to ensure the comprehensive assessment had been updated at discharge in 1 (# 3) of 1 closed record reviewed creating the potential to affect all of the agency's 13 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 3 evidenced services had been provided during the certification period 7-22-13 to 9-19-13 and included a verbal discharge order dated 10-6-13. The record failed to evidence the comprehensive assessment had been updated at the time of discharge. 2. The administrator stated, on 12-12-13 at 1:10 PM, a discharge assessment had not been completed for patient number 3. 	G000341	G341 A comprehensive assessment, including the final Oasis (for all skilled clients) will be completed at every discharge. All RNs will be in-serviced on the need to do a Discharge Assessment each time a client is discharged. The Administrative Assistant will print a discharge report on the first working day of each month for the previous month. This report will be reviewed and compared to all discharged client records to ensure all discharge assessments have been completed. All discharge report will be reviewed during quarterly QA meetings by DON/ADON	01/11/2014	

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N000000	<p>This was a State licensure home health complaint investigation survey.</p> <p>Complaint #: IN00139949 and IN00140828 - Substantiated; no deficiencies related to the allegation are cited.</p> <p>Survey Date: 12-12-13</p> <p>Facility #: 012338</p> <p>Medicaid Vendor #: 201018830</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 16, 2013</p>	N000000					