

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 04/11/2012
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NAME OF PROVIDER OR SUPPLIER OPTIMA HOMEHEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 WESTHAVEN DRIVE INDIANAPOLIS, IN 46254
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N0000	<p>This visit was for a home health initial state licensure survey.</p> <p>Survey dates: 4/10-4/11/12</p> <p>Facility # 012753</p> <p>Survey Team:</p> <p>Dawn Snider, RN, PHNS</p> <p>Census Service Type: 0</p> <p>It was unable to be determined if the agency was in compliance with 410 IAC Article 17 as the agency had no patients.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">April 12, 2012</p>	N0000	At time of survey we had no patients. On April 28 2012 we followed up on our 3 rd patient and will be calling on Monday April 30th to notify survivor of status. In additional a letter will be sent to State to notify state of our Status.	

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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N0454	<p>410 IAC 17-12-1(d) Home health agency administration/management Rule 12 Sec. 1(d) The person or similarly qualified alternate shall be on the premises or capable of being reached immediately by phone, pager or other means. In addition, the person must be able to:</p> <ul style="list-style-type: none"> (1) respond to an emergency; (2) provide guidance to staff; (3) answer questions; and (4) resolve issues; <p>within a reasonable amount of time, given the emergency or issue that has been raised.</p> <p>Based on observation, interview, and review of agency policy, the agency failed to ensure a qualified person was capable of being reached immediately for 1 of 1 agency.</p> <p>Findings include:</p> <p>1. On 4/10/2012 at 10:50 AM, the surveyor arrived at the agency to find it dark and the door locked. A sign on the door stated, "Closed will return at 11:50 AM. Hours Monday thru Thursday 8:00 AM - 4:30 PM, Friday 8:30 AM-4:30 PM. Saturday and Sunday - Closed 317-293-0900"</p> <p>A. At 10:55 AM, the surveyor called agency's number and received a voice mail. The voice mail message indicated</p>	N0454	<p>Corrected on 11 April 2011. We performed the following steps to correct this issue, 1 we have a voice mail that directs callers to a call a number that will be answer immediately by a clinical person, this line is answered 24, 7 days a wwek 365 days. 2. If not answered immediatley, the phone system sends an email to staff on call that a call needs to be returned immediately, 3 If call not return by staff on call and a second message is received from same caller the administration is notified along with the staff member on call.. We will conduct quality evaluation on a monthly basis to make this need is being met and discuss in our staff meetings. The persons who will be responsible for these improvements will the Medical Director and the Director of Nursing Services.</p>	04/11/2012			

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	<p>this was Optima Home Health, to leave a message, and someone would return my call. A message was left for a return call.</p> <p>B. At 12:00 PM, the surveyor entered a business next door to the agency, identified herself, and asked the representative if there had been any activity at the agency. The representative indicated there had been no one present today, but activity occurred yesterday. The representative stated, " I see people come and go."</p> <p>2. On 4/10/12 at 12:20 PM, employee A, the president of the agency, responded to the voice mail message and indicated she would be arriving to the agency shortly.</p> <p>A. Employee A arrived at the agency at 12:30 PM. Employee A indicated the chief executive officer (CEO) and the director of nursing (DON) were on their way to the agency.</p> <p>B. At 1:10 PM, the CEO, DON, and the assistant DON arrived at the agency.</p> <p>3. On 4/10/12 at 1:40 PM, the CEO and DON indicated all employees work together at another facility. The DON indicated they all work full time hours since they are just getting this agency</p>						

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	<p>started. The CEO indicated they do not have a receptionist, but intend to fix the phone system so the nurses can be contacted."</p> <p>4. The policy dated June 2011 titled "Availability of Services Policy No. 2-001.1" states, "Care and services will be available to the Optima Home Healthcare patient 24 hours per day, (7) days per week. Personnel will be available to accept referrals to home care services 24 hours a day, seven (7) days per week."</p> <p>5. The admission packet "Your Guide to Home Health Care Services" states, "Hours of Operation Office Hours: Our office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. except during company holidays."</p>			