

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157645	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2013
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NAME OF PROVIDER OR SUPPLIER PURE HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9333 N MERIDIAN STREET SUITE 104 INDIANAPOLIS, IN 46260
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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
G000000	<p>This visit was a Federal Home Health complaint investigation survey.</p> <p>Complaint number: IN00138202 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies were cited.</p> <p>Survey dates: November 20, 2013</p> <p>Facility number: 012680</p> <p>Provider #: 157645</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 25, 2013</p>	G000000	No response is required.	

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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G000120	<p>484.12(b) DISCLOSURE OF OWNERSHIP & MANAGEMENT</p> <p>The HHA also must disclose the following information to the State survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management:</p> <p>(1) The name and address of all persons with an ownership or control interest in the HHA as defined in §§420.201,420.202, and 420.206 of this chapter.</p> <p>(2) The name and address of each person who is an officer, a director, an agent or a managing employee of the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.</p> <p>(3) The name and address of the corporation, association, or other company that is responsible for the management of the HHA, and the name and address of the chief executive officer and the chairman of the board of directors of that corporation, association, or other company responsible for the management of the HHA.</p> <p>Based on Indiana State Department Of Health (ISDH) document review and interview, the agency failed to notify the ISDH in writing of management changes for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p>	G000120	A letter was prepared on 11/20/2013 with current changes in management. In the future, notification of management changes will be made to ISDH the same week that they occur. The Administrator will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and will not recur.	11/20/2013	

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	<p>1. The ISDH document evidenced employee E was the current Nursing Supervisor. The agency was unable to provide documentation that evidenced ISDH had been notified that employee A, Alternate Administrator, was the current Nursing Supervisor.</p> <p>2. The ISDH document evidenced employee A, Alternate Administrator, was the current Alternate Nursing Supervisor. The agency was unable to provide documentation that evidenced ISDH had been notified that employee F was the current Alternate Nursing Supervisor.</p> <p>3. During an interview on 11/20/13 at 11:54 PM, Employee A, Alternate Administrator, indicated the agency did not notify the ISDH of their management changes.</p>			

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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on record review and interview, the agency failed to ensure therapy visits were provided as ordered in 2 of 3 records reviewed (#1 and #2) with the potential to affect all patients of the agency who receive services.</p> <p>Findings include:</p> <p>1. Clinical record #1, Start of Care (SOC) 7/29/13, contained a plan of care for the certification period dated 7/29/13 - 9/26/13 with orders for Occupational Therapy (OT) to evaluate and treat. The document titled "Missed Visit" dated 8/16/13 indicated the patient was not feeling well and requested the OT to wait until the next week for an evaluation. The record failed to evidence OT visits, missed visit notes, or communication notes explaining why OT was not in the home since the SOC.</p> <p>During an interview on 11/20/13 at 5:33 PM, Employee A, Alternate Administrator, indicated the agency did not have any documentation the OT had</p>	G000158	The Alternate Administrator inserviced staffing, medical records and CQI on 11/27/2013 that orders for therapy service must be staffed as ordered. New admits and changes in therapy service will be reviewed every week. 10% of all clinical records will be audited quarterly for evidence that therapy visits were provided as ordered. The Director of Clinical Services will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.	11/27/2013			

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	<p>provided services from SOC to 8/16/13.</p> <p>2. Clinical record #2, SOC 6/8/13, contained a plan of care for the certification period dated 8/7/13 - 10/5/13 with orders for Physical Therapy (PT) and Occupational Therapy (OT) to evaluate. The record failed to evidence any PT or OT visits or that the services had been discontinued.</p> <p>During an interview on 11/20/13 at 4:48 PM, Employee A, Alternate Administrator, indicated the record failed to contain a physician order to discontinue PT / OT services that were ordered.</p> <p>3. Clinical record #2, SOC 6/8/13, contained a plan of care for the certification period dated 8/7/13 - 10/5/13 with orders for Skilled Nursing (SN) to assess the patient's pain level and effectiveness of pain medications and current pain management therapy every visit. The order further evidenced the SN to report to the physician if the patient experienced pain at a level greater than 8. The record evidenced the following:</p> <p>The document titled "Skilled Nurse Progress Note" dated on 9/4/13 evidenced the patient had bilateral knee</p>			

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	<p>pain that was less often than daily with effective pain management. The document failed to evidence the patient's pain intensity / level / score.</p> <p>4. During an interview on 11/20/13 at 5:05 PM, employee A, Alternate Administrator, indicated the RN should have recorded the pain intensity / level / score for the 9/4/13 visit.</p>			

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G000176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>Based on policy review, record review, and interview, the home health agency failed to ensure the Registered Nurse (RN) documented the patient's level of pain in the progress notes for 1 of 3 clinical records reviewed (#2) with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>1. The policy titled "Pain Assessment / Management" policy number C-148 undated states, "2. The assessment includes a measure of pain intensity and quality (character, frequency, location, and duration). The client's self report or report of family / caregiver is the primary indicator of pain and will identify the need for reassessment for pain management ... Pain is assessed on every home visit and documented on a pain or symptom flow sheet ... The nurse / therapist will use a standardized Pure Home Health accepted pain assessment tool that evaluates the location, duration, severity (rating scale), alleviating factors,</p>	G000176	The Director of Clinical Services will inservice the nurses at the next case conference scheduled 12/4/2013 to include the patient's level of pain in the progress note.CQI will review progress notes every week to ensure the patient's level of pain is recorded in the progress note. 10% of all clinical records will be audited quarterly for evidence that a patient's level of pain is recorded in the progress notes.The Director of Clinical Services will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and will not recur.	12/04/2013

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	<p>exacerbating factors, current treatment (medication and non-medication) and response to treatment."</p> <p>2. Clinical record #2, SOC 6/8/13, contained a plan of care for the certification period dated 8/7/13 - 10/5/13 with orders for Skilled Nursing (SN) to assess the patient's pain level and effectiveness of pain medications and current pain management therapy every visit. The order further evidenced the SN to report to the physician if the patient experienced pain at a level greater than 8. The document titled "Skilled Nurse Progress Note" dated on 9/4/13 evidenced the patient had bilateral knee pain that was less often than daily with effective pain management. The document failed to evidence the patient's pain intensity / level / score.</p> <p>3. During an interview on 11/20/13 at 5:05 PM, employee A, Alternate Administrator, indicated the RN should have recorded the pain intensity / level / score for the 9/4/13 visit.</p>				

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N000000	<p>This visit was a state Home Health complaint investigation survey.</p> <p>Complaint number: IN00138202 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies were cited.</p> <p>Survey dates: November 20, 2013</p> <p>Facility number: 012680</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 25, 2013</p>	N000000	No response is required.		

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N000408	<p>410 IAC 17-10-1(d) Licensure Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or (D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article. (3) The corporation, association, or other company that is responsible for the management of the home health agency. (4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on Indiana State Department Of Health (ISDH) document review and interview, the agency failed to notify the ISDH in writing of management changes for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p>	N000408	A letter was prepared on 11/20/2013 with current changes in management. In the future, notification of management changes will be made to ISDH the same week that they occur. The Administrator will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and will not recur.	11/20/2013			

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	<p>1. The ISDH document evidenced employee E was the current Nursing Supervisor. The agency was unable to provide documentation that evidenced ISDH had been notified that employee A, Alternate Administrator, was the current Nursing Supervisor.</p> <p>2. The ISDH document evidenced employee A, Alternate Administrator, was the current Alternate Nursing Supervisor. The agency was unable to provide documentation that evidenced ISDH had been notified that employee F was the current Alternate Nursing Supervisor.</p> <p>3. During an interview on 11/20/13 at 11:54 PM, Employee A, Alternate Administrator, indicated the agency did not notify the ISDH of their management changes.</p>			

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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 record review and interview, the agency failed to ensure therapy visits were provided as ordered in 2 of 3 records reviewed (#1 and #2) with the potential to affect all patients of the agency who receive services.</p> <p>Findings include:</p> <p>1. Clinical record #1, Start of Care (SOC) 7/29/13, contained a plan of care for the certification period dated 7/29/13 - 9/26/13 with orders for Occupational Therapy (OT) to evaluate and treat. The document titled "Missed Visit" dated 8/16/13 indicated the patient was not feeling well and requested the OT to wait until the next week for an evaluation. The record failed to evidence OT visits, missed visit notes, or communication notes explaining why OT was not in the home since the SOC.</p> <p>During an interview on 11/20/13 at 5:33 PM, Employee A, Alternate Administrator, indicated the agency did not have any documentation the OT had</p>	N000522	The Alternate Administrator inserviced staffing, medical records and CQI on 11/27/2013 that orders for therapy service must be staffed as ordered. New admits and changes in therapy service will be reviewed every week. 10% of all clinical records will be audited quarterly for evidence that therapy visits were provided as ordered. The Director of Clinical Services will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur.	11/27/2013	

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	<p>provided services from SOC to 8/16/13.</p> <p>2. Clinical record #2, SOC 6/8/13, contained a plan of care for the certification period dated 8/7/13 - 10/5/13 with orders for Physical Therapy (PT) and Occupational Therapy (OT) to evaluate. The record failed to evidence any PT or OT visits or that the services had been discontinued.</p> <p>During an interview on 11/20/13 at 4:48 PM, Employee A, Alternate Administrator, indicated the record failed to contain a physician order to discontinue PT / OT services that were ordered.</p>			

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N000544	<p>410 IAC 17-14-1(a)(1)(E) Scope of Services Rule 14 Sec. 1(a) (1)(E) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (E) Prepare clinical notes.</p> <p>Based on policy review, record review, and interview, the home health agency failed to ensure the Registered Nurse (RN) documented the patient's level of pain in the progress notes for 1 of 3 clinical records reviewed (#2) with the potential to affect all patients of the agency.</p> <p>Findings include:</p> <p>1. The policy titled "Pain Assessment / Management" policy number C-148 undated states, "2. The assessment includes a measure of pain intensity and quality (character, frequency, location, and duration). The client's self report or report of family / caregiver is the primary indicator of pain and will identify the need for reassessment for pain management ... Pain is assessed on every home visit and documented on a pain or symptom flow sheet ... The nurse / therapist will use a standardized Pure Home Health accepted pain assessment tool that evaluates the location, duration, severity (rating scale), alleviating factors,</p>	N000544	The Director of Clinical Services will inservice the nurses 12/4/2013 to include the patient's level of pain in the progress note.CQI will review progress notes every week to ensure the patient's level of pain is recorded in the progress note. 10% of all clinical records will be audited quarterly for evidence that a patient's level of pain is recorded in the progress notes.The Director of Clinical Services will be responsible for monitoring this corrective action to ensure that the deficiency is corrected and will not recur.	12/04/2013	

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	<p>exacerbating factors, current treatment (medication and non-medication) and response to treatment."</p> <p>2. Clinical record #2, SOC 6/8/13, contained a plan of care for the certification period dated 8/7/13 - 10/5/13 with orders for Skilled Nursing (SN) to assess the patient's pain level and effectiveness of pain medications and current pain management therapy every visit. The order further evidenced the SN to report to the physician if the patient experienced pain at a level greater than 8. The document titled "Skilled Nurse Progress Note" dated on 9/4/13 evidenced the patient had bilateral knee pain that was less often than daily with effective pain management. The document failed to evidence the patient's pain intensity / level / score.</p> <p>3. During an interview on 11/20/13 at 5:05 PM, employee A, Alternate Administrator, indicated the RN should have recorded the pain intensity / level / score for the 9/4/13 visit.</p>			