

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157585	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/13/2013
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME PHYSICAL THERAPY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 SOUTHPORT CROSSING WAY INDIANAPOLIS, IN 46237
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N0000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: February 11-13, 2013</p> <p>Facility Number: 011300</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 268 Home Health Aide Only: 0 Personal Care Only: 0 Total: 268</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 19, 2013</p>	N0000		

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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N0514	<p>410 IAC 17-12-3(c) Patient Rights Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on Complaint Log review and interview, the agency failed to ensure the complaint log was completed with follow-up dates for patient complaints for 1 of 1 complaint log reviewed with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <p>1. Document titled "2012 Complaint Log" included complaint dates of 10/12 and 12/12. The Complaint Log failed to evidence dates under the "Follow Up" section of document.</p> <p>2. On 2/13/13 at 5:18 PM, employee I, Administrator, indicated the agency tries to follow-up on complaints within 24</p>	N0514	N514The administrtor and Director of Nursing have confirmed any complaint will be investigated within 1 business day of the initial complaint.Follow up will be done after investigation has been made.Regarding the Complaint Log Binder- A Follow up Date has been added, including a narrative for the detail of the complaint and the resolution.The DON will audit Complaint Log Blinder for complaints every Quarter to ensure The Follow up Date and a narrative is written and is complete. A new Complaint Log Sheet was created to include the Follow up Date on 2/15/2013	02/15/2013			

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	<p>hours of when a complaint is made.</p> <p>3. On 2/13/13 at 5:19 PM, employee H, Alternate Administrator, indicated a date would be needed under the "Follow Up" section.</p>			

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on policy review and interview, the agency failed to ensure the information on the plan of care was accurate in 1 of 5 records reviewed with the potential to affect all the agency's patients. (#5)</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #5, start of care 1/7/13, included a Home Health</li> </ol>	N0524	N524The DON has inserviced the office staff regarding standard call orders on the 485 (Certification and Plan of Care)The diabetic call orders should be included only with Diabetic patients and not used as a standard call order.10% of all 485s will be randomly audited to ensure standard orders are complete and accurate.DON is responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not occur in the future.This deficiency was	02/15/2013			

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	<p>Certification and Plan of Care (POC) with a certification period dated 1/7/13 to 3/7/13. The plan of care included that the nurse was to notify the physician if blood sugar was less than 60 or greater than 400. The POC failed to evidence the patient was a diabetic.</p> <p>2. On 2/13/13 at 5:35 PM, employee H, Alternate Administrator, indicated the patient was not diabetic and the information did not belong on POC.</p>		corrected with the office staff inservice on 2/15/2013	

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on personnel file review and interview, the agency failed to ensure home health aides (HHA) were entered on and in good standing on the state aide registry for 2 of 6 HHA files reviewed with the potential to affect all patients receiving HHA services. (E and G)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel file E, date of hire 9/20/12, failed to evidence the agency had checked to see if the aide was on and in good standing on the state aide registry.</li> <li>2. Personnel file G, date of hire 9/22/11, failed to evidence the agency had checked to see if the aide was on and in good standing on the state aide registry.</li> </ol> <p>On 2/13/13 at 4:20 PM, employee H, Alternate Administrator, indicated the employees were CNAs and not registered as HHAs.</p>	N0597	N597DON and specific office staff reviewed deficiency. DON inserviced staff that all Home Health Aides are to be entered and must be in good standing with the State Registry. The HHA signatures (2) were obtained , registry application completed and both HHAs are now in good standig with the State Registry.DON to perform a random audit quarterly on all HHA hired in after 02/13 to ensure each HHA is included in the HHA State Registry and is in good standing.This deficiency will be corrected by 2/28/2013	02/28/2013	

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N0610	<p>410 IAC 17-15-1(a)(7) Clinical Records Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry.</p> <p>Based on record review and interview, the agency failed to ensure all entries were legible in 1 of 5 records reviewed of patients with the potential to affect all patients receiving services (#1).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #1 included a document titled "Skilled Nurse Visit Note" dated 2/7/13 that failed to evidence legible handwriting regarding wound size.</li> <li>2. During an interview on 2/13/13 at 5:20 PM, employee H, Alternate Administrator, indicated the handwriting was not legible and the transcription could not be understood.</li> </ol>	N0610	<p>N610DON inserviced all nursing staff on Visit Record Notes and legibility of handwriting as well as the potential to affect all patients receiving services.DON is currently restructuring the current Visit Note to include check boxes to avoid illegible handwriting.DON will inservice the nursing staff on the updated version of the Visit NoteDON to randomly audit 10% of open patient charts for legibility of handwriting to ensure documentation is clear, accurate and completeThis deficiency will be corrected by 3/8/13</p>	03/08/2013