

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2012
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NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8959 BROADWAY MERRILLVILLE, IN 46410
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G0000	<p>This visit was for a federal home health complaint investigation.</p> <p>Complaint: IN00102066 - Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies have also been cited.</p> <p>Survey date: January 24-27, 2012</p> <p>Facility #: IN009467</p> <p>Medicaid Vendor #: 20098760FW</p> <p>Surveyor: Ingrid Miller, PHNS, RN</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">February 6, 2012</p>	G0000		
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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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G0102	<p>The HHA must provide the patient with a written notice of the patient's rights in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure that 1 of 6 clinical records (Clinical record #2) had been advised in writing of patient's rights with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care 11/16/11, with a certification period of 11/16/11 - 1/14/12, failed to evidence signed patient rights. 2. On 1/25/12 at 3:45 PM, Employee M, performance improvement coordinator, indicated no patient rights were present in the record. 3. The agency policy titled "Patient Rights/Advanced Directives" with a revision date of June 2011 stated, "Prior to formal admission A. The registered nurse conducting the initial assessment visit will inform the patient and/or surrogate verbally and in writing of all patient rights and responsibilities, including information relating to advanced directives and the agency's 	G0102	<p>The Patient's Notice of Rights are included in the Patient Handbook that is in the Start of Care packets. Effective 02/17/12, the Registered Nurse conducting the initial assessment reviews/advises the patient of their rights both verbally and in writing prior to formal admission. A checklist has been developed and is included in the Start of Care packets. Upon completion of advising the patient of their rights the RN documents the same on the checklist. The checklist is submitted with the completed SOC paperwork and is filed in the patient's record (see Attachment #1). All current staff will be in-serviced by 02/17/12 by the Performance Improvement Coordinator. In addition, new staff will receive training as part of their orientation. The Clinical Supervisor or the Performance Improvement Coordinator will review all admissions on a monthly basis until 100% compliance is achieved and then 20% of the new admissions on a quarterly basis. The Administrator is responsible for monitoring this corrective action to ensure that the Clinical Supervisor/Performance Improvement Coordinator perform the reviews.</p>	02/17/2012			

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	policies relating to the same, prior to formal admission ... "			

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G0120	<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 document, personnel file, and policy review and interview, the agency failed to notify the state of a change in management at the time of a change of management for 2 of 2 nursing management positions (Personnel File J and K) with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. On 1/24/11 at 2:05 PM, Employee P, the office manager, indicated the supervising nurse and alternate</p>	G0120	Correspondence was mailed to the Indiana State Department of Health on January 26, 2012, requesting approval of a new Clinical Supervisor and Alternate Clinical Supervisor. Included were the licenses, resumes and required criminal background checks. A copy was also provided to the surveyor the same day. On February 10, 2012 Addus received a letter of approval from the Indiana State Department of Health (see Attachment #2.)	02/10/2012

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	<p>supervising nurse had both resigned two weeks ago and not been replaced.</p> <p>2. Personnel file J, the supervising nurse, evidenced a resignation letter dated and signed on 1/5/12.</p> <p>3. Personnel file K, the alternate supervising nurse, indicated a termination date of 1/11/12.</p> <p>4. Indiana State Department of Health documentation still listed employees J and K as the supervising nurse and alternate supervising nurse.</p> <p>5. On 1/24/12 at 3:40 PM, Employee B, the alternate administrator, indicated the supervising nurse and the alternate supervising nurse had been terminated and a letter had not been filed with the department about the change in management.</p> <p>6. The agency policy titled "Director of Patient Care services" with a revision date of 5/4/11 stated, "The director of the patient care services is responsible of the direction and provision of patient care in the agency ... Indicators of performance of essential job duties 1. Ensures office is in compliance with all applicable state, Medicare, Hipaa, Medicaid, federal and local regulations."</p>			
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G0138	<p>The skilled nursing and other therapeutic services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least 1 year of nursing experience and is a public health nurse).</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure that a supervising nurse (Personnel file J) was in place for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. On 1/24/11 at 2:05 PM, the Employee P, the office manager, indicated the supervising nurse and alternate supervising nurse had resigned two weeks ago and not been replaced. 2. Personnel file J, the supervising nurse, evidenced a resignation letter dated and signed on 1/5/12 and a termination date on 1-19-12. 3. The agency policy titled "Clinical Supervisor" with a revision date of 12/28/10 stated, "The clinical supervisor is a registered nurse who oversees and manages patient care from admission to discharge and coordinates the interdisciplinary team." 4. On 1/24/12 at 3:40 PM Employee B, 	G0138	Correspondence was mailed to the Indiana State Department of Health on January 26, 2012, requesting approval of a new Clinical Supervisor and Alternate Clinical Supervisor. Included were the licenses, resumes and required criminal background checks. A copy was also provided to the surveyor the same day. On February 10, 2012 Addus received a letter of approval from the Indiana State Department of Health (see attached.)	02/10/2012			

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	the alternate administrator, indicated the alternate supervising nurse had been terminated and a letter had not been filed with the department about the change in management.			
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G0139	<p>Services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least one year of nursing experience and is a public health nurse).</p> <p>This person, or similarly qualified alternate, is available at all times during operating hours.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure that a supervising nurse or alternate supervising nurse (Personnel file K) was in place for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. On 1/24/11 at 2:05 PM, Employee P, the office manager, indicated the supervising nurse and alternate supervising nurse had resigned two weeks ago and not been replaced. 2. Personnel file J, the supervising nurse, included a resignation letter dated 1/5/12 with a termination date on 1/19/12. 3. Personnel file K, the alternate supervising nurse, identified a termination date of 1/11/12. 4. The agency policy titled "Clinical 	G0139	Correspondence was mailed to the Indiana State Department of Health on January 26, 2012, requesting approval of a new Clinical Supervisor and Alternate Clinical Supervisor. Included were the licenses, resumes and required criminal background checks. A copy was also provided to the surveyor the same day. On February 10, 2012 Addus received a letter of approval from the Indiana State Department of Health (see attached.)	02/10/2012	

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	<p>Supervisor" with a revision date of 12/28/10 stated, "The clinical supervisor is a registered nurse who oversees and manages patient care from admission to discharge and coordinates the interdisciplinary team. She supervises the staff directly. A BSN is preferred ... "</p> <p>5. On 1/24/12 at 3:40 PM, Employee B, the alternate administrator, indicated the alternate supervising nurse had been terminated.</p>			
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G0158	<p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure care was provided only as ordered by the physician on the plan of care for 1 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients. (#3)</p> <p>Findings</p> <p>1. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p style="padding-left: 40px;">a. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p style="padding-left: 40px;">b. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p style="padding-left: 40px;">c. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>2. The agency policy titled "Physician's Plan of care/treatment and notification of</p>	G0158	<p>All Oasis and Comprehensive assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. Beginning 02/17/12 when a referral is received, the Clinical Support Coordinator (CSC) will initiate the Start Of Care Tracking Log. (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". (see Attachment #4). This will also be incorporated into new employee orientation. This will be</p>	02/17/2012
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	patient's change in condition" with a revision date of 4/18/11 stated, "Home health services should be provided in accordance with an individualized plan of care based on the patient's diagnosis and assessment of the patient's immediate and long-range needs and resources."		monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admission on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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G0159	<p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review and interview, the agency failed to ensure all patients had a plan of care, plans of care were signed timely by the physician, and all plans of care for the same patient had the same start of care date and certification periods for 5 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (Clinical records #1 - #5).</p> <p>Findings</p> <p>1. Clinical record #1 evidenced two separate clinical records with two different start of care dates and different certification periods.</p> <p>a. One record evidenced a plan of care with a start of care (SOC) 9/13/10 and certification period from 2/14/11 - 4/11/11. There was no later plan of care</p>	G0159	<p>All Oasis assessments and comprehensive assessments and the accompanying worksheets are expected to be completed and submitted within 48 hours of visit. When a referral is received the Clinical Support Coordinator will initiate the Start of Care Tracking Log (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the field staff on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians</p>	02/20/2012			

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	<p>evidenced in this record although the chart was currently active.</p> <p>b. The other record evidenced a plan of care with a SOC 6/4/10 and a certification period of 11/26/11 - 1/24/12.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B, alternate administrator, and Employee M, performance improvement coordinator, indicated there were two separate plans of cares for billing purposes.</p> <p>2. Clinical record #2, SOC 8/6/10, evidenced a written plan of care not signed in the required time frame by the physician.</p> <p>a. POCs with the certification periods of 6/02/11 - 7/31/11, 8/1/11 - 9/29/11, and 9/30/11 - 11/28/11 evidenced physician signatures on the same date of 12/21/11.</p> <p>b. 1/25/11 at 3:05 PM, Employee M indicated these plans of care were not reviewed by the physician per agency policy.</p> <p>3. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p>		<p>Plan of Care/Treatment and Notification of Patient's Change in Condition". This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of the new admissions on a monthly basis. The Administrator will be responsible for mointoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process. The Clinical Support Coordinator will enter all physician orders in the McKesson system within 3 business days of receipt. Orders will be faxed and/or mailed on a daily basis. The dates orders are mailed and received back with physician signsture will be tracked in McKesson by the Clinical Support Coordinator. The Clinical Support Coordinator will print the "Outstanding Order" report twice weekly. Physican orders will be refaxed/mailed if they have not been received back within 10 days of being sent. The Clinical Support Coordinator will also place a call to the corresponding physician's office notifying them that the order has been resent and request assistance with obtaining the physician's signature. If an order has not been signed within 21 days the</p>	

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	<p>a. A clinical document titled "Start of Care assessment" signed by Employee R, RN, on 9-16-11 evidenced an initial and comprehensive assessment for Patient #3.</p> <p>b. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>c. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>d. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>4. Clinical record #4 evidenced two separate clinical records with two different SOC dates and different certification periods:</p> <p>a. One record for Medicare Services evidenced a plan of care with a SOC on 11/22/11 and a certification period of 11/22/11 - 1/20/12.</p> <p>1.) Skilled nursing visits occurred on 11/25/11, 11/28/11, 12/1/11, 12/2/11, 12/5/11, 12/7/11, 12/15/11, 12/19/11, 12/22/11, 12/26/11, 1/5/12, 1/6/12, 1/9/12, 1/13/12, and 1/16/12.</p> <p>2.) HHA visits occurred twice</p>		<p>Clinical Supervisor or Designee will be notified and will hand deliver the order to the physician's office to obtain signature. The Performance Improvement Coordinator will in-service the Clinical Support Coordinator and the Clinical Supervisor on the described process. On a weekly basis, the Clinical Supervisor will print and review the "Outstanding Order" report to ensure all orders are signed within the required 30 days. On a monthly basis, the Performance Improvement Coordinator will perform a random audit of 10% of the active census to ensure compliance. The Administrator is responsible for ensuring this process occurs. The Clinical Supervisor and Performance Improvement Coordinator will review 100% of the current active records. For those patients receiving more than one service, i.e. Medicare Skilled and Respite Care, the records will be integrated into one medical record. The Plans of Care will be reviewed to reflect all services the patient is receiving and that the dates are correct. Supplemental orders will be written for any services the patient is receiving that is not on the current Plan of Care. For those patients being recertified, as the Certifications expire and new Plans of Care are created, all services will be included. The 100% record review will include</p>				

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	<p>weekly for the certification period.</p> <p>b. The second record initiated for respite and Medicaid payer source evidenced a SOC on 12/5/11. There was no plan of care for this record. Skilled nurse and home health aide visits had occurred as follows:</p> <p>1.) Skilled nursing visits occurred on 12/7/11, 12/15/11, 12/16/11, 12/21/11, 12/26/11, 12/28/12, 12/30/12, 1/4/12, 1/5/12, 1/6/12, and 1/9/12.</p> <p>2.) HHA visits occurred with two visits weekly for 2 1/2 hours a day.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B and Employee M indicated there were two separate plans of cares for billing purposes.</p> <p>5. Clinical record #5, SOC 11/16/11, included a plan of care for the certification period from 11/16/11 - 1/14/12. The record evidenced numerous documents filed in the record from a past episode / admission including physician order's not signed in a timely manner.</p> <p>a. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, Licensed Practical Nurse</p>		<p>comparing the dates of all documents in the medical record to the admission/recertification dates to ensure all documents are filed in the correct admission. The Clinical Support Coordinator was in-serviced by the Performance Improvement Coordinator on 02/09/12 (see attached), the correct way to do filing, in chronological order and always checking the dates on documents prior to filing to ensure they are being filed in the correct admission and the "Clinical Record" policy. The Clinical Supervisor, on a monthly basis will perform a random review of 20% of the active records to ensure filing is done correctly, dates are correct and the patients have one plan of care. The Administrator will be responsible for ensuring this process is followed.</p>	

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	<p>(LPN) on 7/20/11 and signed by the physician on 12/7/11 stated, "DC [discontinue] Exelon Patch, hydroxyzine pamoate 25 mg [milligram] cap [capsule] po [by mouth] bid [twice a day], Seroquel 25 mg po take 3 tabs po every evening after dinner. May take 1 tab prn [as needed] for agitation."</p> <p>b. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/6//11 and signed by the physician on 12/7/11 stated, "DC Exelon patch, DC norvasc, DC Lipitor, DC Lexapro 10 mg tab po, change to Lexapro 20 mg 1 tablet po dly [daily], DC Prednisone 10 mg tab po, DC Prednisone 7.5 mg."</p> <p>c. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home " Health Services" signed by Employee U, RN, on 9/24/11 stated, "SN [skilled nurse] to observe / assess vital signs and compliance related to diabetic teaching, fall/safety precaution, pain/edema prevention, assess respiration, cardiac, neuro [neurological] muscular systems. Occupational therapy to resume services for current certification period/order. HHA [home health aide] to assist pt. [patient] with ADLs [Activities of Daily Living] and personal care.</p>			
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	<p>Skilled nursing 2 times a week for 9 weeks and HHA visits for 3 times a week for 9 weeks."</p> <p>d. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/25/11 and signed by the physician on 12/7/11 stated, "Clonazepam 0.5 mg tabs 1/2 tab po @ [at] HS [bedtime], Nortriptylline 10 mg. po take 1 tab tid [three times a day] x 15 days, Seroquel 25 mg po @ HS, Skilled nurse to visit pt. 2 X wk [week]. All orders per Dr. [XX] -- neurologist."</p> <p>e. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 11/4/11 and signed by the physician on 12/7/11 stated, "DC Novlin [sic] Insulin, Humalog Insulin 70/30 8 units sq (subcutaneous) bid, Seroquel 50 mg po bid, and hydrocodone 325 mg po q [every] 4 -6 H [hour] prn.</p> <p>f. On 1/25/12 at 3:45 PM, Employee B indicated the records from a previous episode were in the current record.</p>						

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G0163	<p>The total plan of care is reviewed by the attending physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the physician reviewed the plan of care at least every 60 days for 2 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (Clinical records #2 - #3).</p> <p>Findings</p> <p>1. Clinical record #2, SOC 8/6/10, evidenced a written plan of care not signed in the required time frame by the physician.</p> <p>a. POCs with the certification periods of 6/02/11 - 7/31/11, 8/1/11 - 9/29/11, and 9/30/11 - 11/28/11 evidenced physician signatures on the same date of 12/21/11.</p>	G0163	<p>The Clinical Support Coordinator will enter all physician orders in the McKesson system within 3 business days of receipt. Orders will be faxed and/or mailed on a daily basis. The dates orders are mailed and received back with physician signature will be tracked in McKesson by the Clinical Support Coordinator. The Clinical Support Coordinator will print the "Outstanding Order" report twice weekly. Physician orders will be refaxed/mailed if they have not been received back within 10 days of being sent. The Clinical Support Coordinator will also place a call to the corresponding physician's office notifying them that the order has been resent and request assistance with obtaining the physician's signature. If an Order has not been signed within 21 days, the Clinical Supervisor or Designee will be notified and will hand deliver the order to the</p>	02/20/2012
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	<p>b. 1/25/11 at 3:05 PM, Employee M indicated these plans of care were not reviewed by the physician per agency policy.</p> <p>2. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p>On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>3. The agency policy titled "Patient Plan of Care" with a review date of 6/7/11 stated, "Each plan of care should be reviewed by an RN, PT, SLP, OT, MSW and other interdisciplinary staff at least every 60 to 62 days as required by regulation and as needed, based upon the patient's condition/needs."</p>		<p>physician's office to obtain signature. The Performance Improvement Coordinator will in-service the Clinical Support Coordinator on the described process. On a weekly basis, the Clinical Supervisor will print and review the "Outstanding Order" report to ensure all orders are signed within the required 30 days. On a monthly basis, the Performance Improvement Coordinator will perform a random audit of 10% of the active census to ensure compliance. The Administrator is responsible for ensuring this process occurs. All Oasis assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of the visit. When a referral is received the Clinical Support Coordinator will initiate the Start of Care Tracking Log (see attached). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support coordinator on the process as well as the</p>		

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			Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicans Plan of Care/Treatment and Notification of Patient's Change in Condition". This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Cooodinator will review 25% of the records of new admissions on a monthly basis. The Administator will be responsible for monitoring the corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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G0165	<p>Drugs and treatments are administered by agency staff only as ordered by the physician.</p> <p>Based on clinical record and policy review, the agency failed to ensure verbal orders were taken by the registered nurse in 1 of 5 records reviewed of patients with skilleld nurse services (#5) with the potential to affect all the agency's patients.</p> <p>1. . Clinical record #5, SOC 11/16/11, included a plan of care for the certification period from 11/16/11 - 1/14/12.</p> <p>a. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, Licensed Practical Nurse (LPN) on 7/20/11 and signed by the physician on 12/7/11 stated, "DC [discontinue] Exelon Patch, hydroxyzine pamoate 25 mg [milligram] cap [capsule] po [by mouth] bid [twice a day], Seroquel 25 mg po take 3 tabs po every evening after dinner. May take 1 tab prn [as needed] for agitation."</p> <p>b. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by</p>	G0165	<p>The LPN was instruced on 02/10/12 that she is not lawfully authorized to take physician's verbal orders and that anytime there is a need for a change in treatment the LPN will notify the RN Case Manager who will contact the physician. A copy of the sign-in roster documentating the instruction will be placed in the employee's personnel file (see Attachment #6). The policies "Physican's Plan of Care/Treatment and Notification of Change in Patient's Condition" and "Medical Supervison" will be reviewed with all staff. (see Attachment #4). There will be a signature page detailing receipt of and understanding of the policies (see attached). All new employees will be required to review the policies as part of the orientation. The Clinical Supervisor and/or Performance Improvement Coordinator will be responsible for instructing the LPN and reviewing the policies with the staff. The Clinical Supervisor and or Performance Improvement Coordinator, on a monthly basis, will review the physician orders in the medical records of a minimum of 5 patients being seen by the LPN to ensure only Registered Nurses or qualified therapist take verbal orders from the physician. The Administrator will be responsible</p>	02/10/2012			

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	<p>Employee D, LPN, on 9/6//11 and signed by the physician on 12/7/11 stated, "DC Exelon patch, DC norvasc, DC Lipitor, DC Lexapro 10 mg tab po, change to Lexapro 20 mg 1 tablet po dly [daily], DC Prednisone 10 mg tab po, DC Prednisone 7.5 mg."</p> <p>c. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/25/11 and signed by the physician on 12/7/11 stated, "Clonazepam 0.5 mg tabs 1/2 tab po @ [at] HS [bedtime], Nortriptylline 10 mg. po take 1 tab tid [three times a day] x 15 days, Seroquel 25 mg po @ HS, Skilled nurse to visit pt. 2 X wk [week]. All orders per Dr. [XX] -- neurologist."</p> <p>d. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 11/4/11 and signed by the physician on 12/7/11 stated, "DC Novlin [sic] Insulin, Humalog Insulin 70/30 8 units sq (subcutaneous) bid, Seroquel 50 mg po bid, and hydrocodone 325 mg po q [every] 4 -6 H [hour] prn.</p> <p>2. The agency policy titled "Physician's Plan of care/treatment and notification of patient's change in condition" with a revision date of 4/18/11 stated, "Verbal</p>		for monitoring this corrective action and ensuring the LPN instruction, policy reviews and chart reviews are performed.				

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	<p>orders must be signed and dated by the registered nurse or qualified therapist who is furnishing or supervising the ordered service and submitted to the physician for signature and date."</p> <p>3. The agency policy titled "Medical supervision" with a revision date at 5/3/11 stated, "Telephone orders must be taken by a nurse and other person lawfully authorized to receive such orders in accordance with the regulations."</p>			
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G0170	<p>The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure skilled nurse services were provided only as ordered by the physician on the plan of care for 1 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients. (#3)</p> <p>Findings</p> <p>1. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p>a. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>b. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>c. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>2. The agency policy titled "Physician's Plan of care/treatment and notification of patient's change in condition" with a revision date of 4/18/11 stated, "Home health services should be provided in</p>	G0170	<p>All Oasis and Comprehensive assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. Beginning 02/17/12 when a referral is received, the Clinical Support Coordinator (CSC) will initiate the Start Of Care Tracking Log. (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". (see Attachment #4). This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical</p>	02/17/2012
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	accordance with an individualized plan of care based on the patient's diagnosis and assessment of the patient's immediate and long-range needs and resources."		Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admission on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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G0172	<p>The registered nurse regularly re-evaluates the patients nursing needs.</p> <p>Based on clinical record review, the agency failed to ensure the registered nurse reevaluated the patient's needs by completing a recertification comprehensive assessment for 1 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (#3)</p> <p>Findings include:</p> <p>Clinical record #3, start of care 9/16/11, failed to evidence any recertification comprehensive assessments had been completed.</p>	G0172	<p>Two weeks into the month, the Clinical Supervisor will print the Expiring Certification Report for the next month from the McKesson System. Patients whose certification will expire in the next month will be discussed at the weekly case conferences. If it is determined the patient will need to be recertified the Start of Care/Recertification Tracking Log (see Attachment #7) will be initiated by the Clinical Supervisor. On a weekly basis, the Clinical Supervisor will review the tracking tool to ensure the Recertification paperwork has been submitted by the field clinician, entered into McKesson software, 485/Plans of Care printed and sent to the physician for signature. This will be monitored by the Clinical Supervisor via the tracking logs. On a monthly basis, the Performance Improvement Coordinator will review 10% or a minimum of 5 records until 100% compliance is achieved, and then 10% on a quarterly basis. The Administrator will be responsible for monitoring this corrective action and ensuring that the Clinical Supervisor and Performance Improvement Coordinator follow through the above plan.</p>	02/13/2012	

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G0173	<p>The registered nurse initiates the plan of care and necessary revisions.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse initiated the plan of care for 1 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients requiring a plan of care. (Clinical record #3)</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Clinical record #3, start of care 9/16/11, failed to evidence a plan of care. 2. On 1/25/12 at 12 PM, Employee B, registered nurse (RN), indicated the RN had not initiated the POC. 4. The agency policy titled "Patient Plan of Care" with a review date of 6/7/11 stated, "Procedure: 1. A registered nurse ... is responsible for establishing a plan of care on each patient within five days after receiving the referral or initiation of services." 	G0173	<p>All Oasis and Comprehensive assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. Beginning 02/17/12 when a referral is received, the Clinical Support Coordinator (CSC) will initiate the Start Of Care Tracking Log. (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". (see Attachment #4). This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical</p>	02/17/2012	

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			Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admission on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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G0229	<p>The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse made on-site visits to the patient's home no less frequently than every 2 weeks for 1 of 5 records reviewed of patients with skilled and home health aide services with the potential to affect all the agency's patients who received home health aide services. (Clinical record #1).</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Clinical record #1 included a plan of care for the certification period 11/26/11 - 1/24/12 with orders for home health aide services two times a week for 9 weeks. The record failed to evidence supervisory visits every two weeks. Supervisory visits were made on 12/12/11 and 1/2/12. 2. On 1/25/12 at 4:03 PM, Employees B, Alternate Administrator, and Employee M indicated the record did not show supervisory visits were made as required. 3. The agency policy titled "Home Health Aide Supervision" with a revision date of 6/7/11 stated, "The registered nurse or therapist makes a home health aide 	G0229	<p>For all patients receiving HHA services a separate order will be entered into the McKesson system noting a scheduled supervisory visit. The entry will be appropriately coded as such and shall be completed by the Clinical Support Coordinator when the supervisory visit is completed. In addition, monthly visit schedules will be printed and distributed to the appropriate Supervising clinicians to remind them when supervisory visits must be completed. The policy "HHA Supervision" will be reviewed with all appropriate staff (see Attachment #4). Timely completion of the supervisory visits will be monitored by the Clinical Supervisor via the Payroll proof and the Incomplete Service Order Report. The policy will be reviewed by the Performance Improvement Coordinator and will be included in new employee orientation. The Clinical Supervisor and/or Performance Improvement Coordinator will review a minimum of 5 charts monthly to ensure compliance. Once 100% compliance is achieved, 10% of the charts will be reviewed on a quarterly basis. The Administrator will be responsible for monitoring this corrective action by ensuring the Clinical Supervisor and</p>	02/17/2012	

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	supervisory visit to the patient at least every two weeks (14 days) when the patient is receiving skilled services from the agency."		Performance Coordinator follow through.	
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G0236	<p>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure clinical records were maintained in accordance to professional standards for 5 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (Clinical records #1 - #5).</p> <p>Findings</p> <p>1. Clinical record #1 evidenced two separate clinical records with two different start of care dates and different certification periods.</p> <p>a. One record evidenced a plan of care with a start of care (SOC) 9/13/10 and certification period from 2/14/11 - 4/11/11. There was no later plan of care evidenced in this record although the chart was currently active.</p>	G0236	<p>The Clinical Supervisor and Performance Improvement Coordinator will review 100% of the current active records. For those patients receiving more than one service, i.e. Medicare Skilled and Respite Care, the records will be integrated into one medical record. The Plans of Care will be reviewed to ensure there is documentation to reflect all services the patient is receiving and that the dates are correct. Supplemental orders will be written for any services the patient is receiving that is not on the current Plan of Care. For those patients being recertified, as the Certifications expire and new Plans of Care are created, all services will be included. The 100% record review will include comparing the dates of all documents in the medical record to the admission/certification dates to ensure all documents are filed in the correct admission. The Clinical Support coordinator was in-serviced by the Performance Improvement</p>	02/20/2012
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	<p>b. The other record evidenced a plan of care with a SOC 6/4/10 and a certification period of 11/26/11 - 1/24/12.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B, alternate administrator, and Employee M, performance improvement coordinator, indicated there were two separate plans of cares for billing purposes.</p> <p>2. Clinical record #2, SOC 8/6/10, evidenced a written plan of care not signed in the required time frame by the physician.</p> <p>a. POCs with the certification periods of 6/02/11 - 7/31/11, 8/1/11 - 9/29/11, and 9/30/11 - 11/28/11 evidenced physician signatures on the same date of 12/21/11.</p> <p>b. 1/25/11 at 3:05 PM, Employee M indicated these plans of care were not reviewed by the physician per agency policy.</p> <p>3. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p>a. A clinical document titled "Start of Care assessment" signed by Employee R, RN, on 9-16-11 evidenced an initial and</p>		<p>Coordinator on 02/09/12 (see attached) the correct way to do filing, in chronological order and always checking the dates on documents prior to filing to ensure they are being filed in the correct admission and the "Clinical Record" policy. The Clininal Supervisor, on a monthly basis will perform a random review of 20% of the active records to ensure filing is done correctly, dates are correct and the patients have one plan of care. The Administrator will be responsible for ensuring this process is followed. The Clinical Support Coordinator will enter all physician orders in the McKesson system within 3 business days of receipt. Orders will be faxed and/or mailed on a daily basis. The dates orders are mailed and received back with physician signature will be tracked in McKesson by the Clinical Support Coordinator. The Clinical Support coordinator will print the "Outstanding Order" report twice weekly. Physician orders will be refaxed/mailed if they have not been received back within 10 days of being sent. The Clinical Support Coordinator will also place a call to the corresponding physician's office notifying them that the order has been resent and request assistance with obtaining the physician's signature. If an order has not been signed within 21 days the Clinical Supervisor or Designee</p>				

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	<p>comprehensive assessment for Patient #3.</p> <p>b. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>c. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>d. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>4. Clinical record #4 evidenced two separate clinical records with two different SOC dates and different certification periods:</p> <p>a. One record for Medicare Services evidenced a plan of care with a SOC on 11/22/11 and a certification period of 11/22/11 - 1/20/12.</p> <p>1.) Skilled nursing visits occurred on 11/25/11, 11/28/11, 12/1/11, 12/2/11, 12/5/11, 12/7/11, 12/15/11, 12/19/11, 12/22/11, 12/26/11, 1/5/12, 1/6/12, 1/9/12, 1/13/12, and 1/16/12.</p> <p>2.) HHA visits occurred twice weekly for the certification period.</p> <p>b. The second record initiated for</p>		<p>will be notified and will hand deliver the order to the physician's office to obtain signature. The Performance Improvement Coordinator will in-service the Clinical Support Coordinator and Clinical Supervisor on the above described process. On a weekly basis, the Clinical Supervisor will print and review the "Outstanding Order" report to ensure all orders are signed within the required 30 days. On a monthly basis, the Performance Improvement Coordinator will perform a random audit of 10% of the active census to ensure compliance. The Administrator is responsible for ensuring this process occurs. All Oasis and Comprehensive Assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. When a referral is received the Clinical Support Coordinator will initiate the Start of Care Tracking Log (see attached). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical</p>				

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	<p>respite and Medicaid payer source evidenced a SOC on 12/5/11. There was no plan of care for this record. Skilled nurse and home health aide visits had occurred as follows:</p> <p>1.) Skilled nursing visits occurred on 12/7/11, 12/15/11, 12/16/11, 12/21/11, 12/26/11, 12/28/12, 12/30/12, 1/4/12, 1/5/12, 1/6/12, and 1/9/12.</p> <p>2.) HHA visits occurred with two visits weekly for 2 1/2 hours a day.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B and Employee M indicated there were two separate plans of cares for billing purposes.</p> <p>5. Clinical record #5, SOC 11/16/11, included a plan of care for the certification period from 11/16/11 - 1/14/12. The record evidenced numerous documents filed in the record from a past episode / admission including physician order's not signed in a timely manner.</p> <p>a. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, Licensed Practical Nurse (LPN) on 7/20/11 and signed by the physician on 12/7/11 stated, "DC [discontinue] Exelon Patch, hydroxyzine</p>		<p>Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicans Plan of Care/Treatment and Notification of Patient's Change in Condition". This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admissions on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.</p>	
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	<p>pamoate 25 mg [milligram] cap [capsule] po [by mouth] bid [twice a day], Seroquel 25 mg po take 3 tabs po every evening after dinner. May take 1 tab prn [as needed] for agitation."</p> <p>b. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/6//11 and signed by the physician on 12/7/11 stated, "DC Exelon patch, DC norvasc, DC Lipitor, DC Lexapro 10 mg tab po, change to Lexapro 20 mg 1 tablet po dly [daily], DC Prednisone 10 mg tab po, DC Prednisone 7.5 mg."</p> <p>c. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home " Health Services" signed by Employee U, RN, on 9/24/11 stated, "SN [skilled nurse] to observe / assess vital signs and compliance related to diabetic teaching, fall/safety precaution, pain/edema prevention, assess respiration, cardiac, neuro [neurological] muscular systems. Occupational therapy to resume services for current certification period/order. HHA [home health aide] to assist pt. [patient] with ADLs [Activities of Daily Living] and personal care. Skilled nursing 2 times a week for 9 weeks and HHA visits for 3 times a week for 9 weeks."</p>			
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	<p>d. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/25/11 and signed by the physician on 12/7/11 stated, "Clonazepam 0.5 mg tabs 1/2 tab po @ [at] HS [bedtime], Nortriptylline 10 mg. po take 1 tab tid [three times a day] x 15 days, Seroquel 25 mg po @ HS, Skilled nurse to visit pt. 2 X wk [week]. All orders per Dr. [XX] -- neurologist."</p> <p>e. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 11/4/11 and signed by the physician on 12/7/11 stated, "DC Novlin [sic] Insulin, Humalog Insulin 70/30 8 units sq (subcutaneous) bid, Seroquel 50 mg po bid, and hydrocodone 325 mg po q [every] 4 -6 H [hour] prn.</p> <p>f. On 1/25/12 at 3:45 PM, Employee B indicated the records from a previous episode were in the current record.</p> <p>6. The agency policy titled "Clinical records" with a revision date of 6/1/11 stated, " To maintain clinical records for all patients in a systematic confidential manner which meets all legal and regulatory requirements. For each patient admitted for services, a clinical record is</p>			
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	<p>maintained in an individual binder/folder. The clinical records contains all patient data to guide the care by all disciplines while he/she is a patient of the agency. Clinical records are confidential and are maintained in accordance with the Protection and Retention of Clinical and Financial records policy ... The contents of the clinical record are based on the types of services... The home health clinical records contain the following: referral form, consent form, advanced directives, insurance verification ... a plan of care developed by the home health team in accordance with the physician's orders. The HCFA 485 may be used as the POC ... Patient tracking sheet, admission/SOC, resumption of care, follow-up, and transfer/discharge OASIS and comprehensive assessments are completed in accordance with Medicare requirements. ... The medication profile is a listing of the name of each medication ... This form is completed on admission and is reviewed with each medication addition or change and comprehensive assessment and update as needed ... The clinical record should be reviewed for completeness every 60 days by the primary nurse or administrative staff and upon discharge."</p> <p>7. The agency policy titled "Medical supervision" with a revision date at 5/3/11</p>			
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	<p>stated, "All patients must be under the care of a licensed physician ... who is willing to provide and sign orders for home health services as necessary and in accordance with all applicable regulations. The orders should be signed by the physician using the physician's full name, initials if considered the legal signature, or a computer signature, if appropriately authenticated. A rubber stamp is not acceptable. All physician's orders must be dated by physician at time of signature. All aspects of medical supervision of the home health agency should be governed by basic standards ... The licensed doctor who is responsible for the care of the patient should approve the physician's plan of care and provide the home health agency with a signed and dated copy. The agency will document all efforts to obtain the licensed doctor's signature and date within the require time frame, and thereafter if indicated ... Telephone or verbal orders from the licensed doctor should be written immediately and sent to the licensed doctor for counter-signature and date. Telephone orders must be taken by a nurse and other person lawfully authorized to receive such orders in accordance with the regulations. Verbal orders should be cosigned by the RN, PT, SLT, OT or MSW when indicated. All initial orders and subsequent changes in</p>			
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	<p>orders for services, treatments and drugs and biological should be legible and signed and dated by the licensed doctor ... in accordance with the state regulations and incorporated into the physician's record. All orders for clinical services must be renewed in writing as appropriated by the licensed doctor at least every 60 days for Medicare patients and patients requiring OASIS assessments or 62 days as required by payer and/or applicable regulations."</p> <p>8. The agency policy titled "Physician's Plan of care/treatment and notification of patient's change in condition" with a revision date of 4/18/11 stated, "Home health services should be provided in accordance with an individualized plan of care based on the patient's diagnosis and assessment of the patient's immediate and long-range needs and resources ... The physician is responsible for certifying the patient meets eligibility and reimbursement criteria in accordance with Medicare and other third party payer requirements. The professional responsible for a specific treatment/service is responsible for promptly notifying the physician whenever a significant change in the patient's condition becomes evident that may indicate a need to modify or develop a plan of care. Modifications/additions to</p>			
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	<p>the plan of care/plan of treatment must be approved by the attending physician ...</p> <p>The plan of care should be reviewed and updated as necessary by the home health services team every 60 to 62 days as required by the regulations or more often should the patient condition warrant. Any changes or updates to the plan of care should be documented on physician's verbal order form/progress notes 485 ...</p> <p>Verbal orders must be signed and dated by the registered nurse or qualified therapist who is furnishing or supervising the ordered service and submitted to the physician for signature and date."</p>			
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G0337	<p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>Based on clinical record review, agency policy review, and interview, the agency failed to ensure medications were reviewed at least every 60 days for 2 of 5 clinical record reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (clinical record #1 and #5).</p> <p>Findings</p> <p>1. Clinical record #1 included a medication review dated 8/2/11 completed and signed by Employee K, Registered Nurse (RN). The patient's medication were not reviewed again. The patient was currently active.</p> <p>On 1/25/12 at 4 PM, Employee B, RN, indicated the medication profile had not been reviewed every 60 days as required by agency policy.</p> <p>2. Clinical record # 3 included a medication review dated 9/16/11 completed and signed by Employee U,</p>	G0337	<p>For all Recertifications, the Clinical Supervisor or the Alternate Supervisor will perform a thorough review of the completed 485/Plan of Care and the medication profile to ensure that all medications that the patient is currently taking are documented and reviewed for contraindications and/or adverse effects. The Recertification checklist (see Attachment #7) will be utilized to ensure an updated reviewed medication profile is submitted. A blank medication profile will be included in the Recertification packets. The above process will be reviewed with both the Clinical Support Coordinator and the field clinicians. In addition, the policy "Guidelines for Medication Administration" will be reviewed with the field clinicians (see Attachment #4) and this will be incorporated into new employee orientation. Beginning on 02/13/12 all Recertification packets will be reviewed by the Clinical Supervisor to ensure Medication Profiles have been reviewed and updated. The Administrator is responsible for ensuring the in-service and</p>	02/13/2012	

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	<p>RN. The patient's medication were not reviewed again. The patient was currently active.</p> <p>On 1/25/12 at 12 PM, Employee B, RN, indicated this record lacked medication reviews after the initial medication review had been completed.</p> <p>3. The agency policy titled "Guideline for Medication Administration" with no effective date note stated, "The medication profile will be updated as indicated and reviewed at least every sixty days."</p>		<p>monitoring are taking place and that compliance is maintained.</p>		

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G0339	<p>The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode.</p> <p>Based on clinical record review, the agency failed to ensure recertification comprehensive assessment were completed for 1 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (#3)</p> <p>Findings include:</p> <p>Clinical record #3, start of care 9/16/11, failed to evidence any recertification comprehensive assessments had been completed.</p>	G0339	<p>Two weeks into the month the Clinical Supervisor will print the Expiring Certification Report for the next month from the McKesson system. Patient's whose certification will expire in the next month will be discussed at the weekly case conferences. If it is determined the patient will need to be recertified, the Start of Care/Recertification Tracking Log (see attached) will be initiated by the Clinical Supervisor. On a weekly basis the Clinical Supervisor will review the tracking tool to ensure the Recertification paperwork has been submitted by the field clinician, entered into McKesson softward, 485/Plans of Care printed and sent to the physician for signature. This will be monitored by the Clinical Supervisor via the Tracking Logs. On a monthly basis, the Performance Improvement Coordinator will review 10% or a minimum of 5 records until 100% compliance is achieved and then 10% on a quarterly basis. The Administrator will be responsible for monitoring this corrective action and ensuring that the Clinical Supervisor and</p>	02/13/2012			

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			Performance Improvement Coordinator follow through the above plan.	

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N0408	<p>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.</p> <p>(2) Each person who is:</p> <p>(A) an officer;</p> <p>(B) a director;</p> <p>(C) a managing agent; or</p> <p>(D) a managing employee;</p> <p>of the home health agency and evidence supporting the qualifications required by this article.</p> <p>(3) The corporation, association, or other company that is responsible for the management of the home health agency.</p> <p>(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 document, personnel file, and policy review and interview, the agency failed to notify the state of a change in management at the time of a change of management for 2 of 2 nursing management positions (Personnel File J and K) with the potential to affect all the agency's patients.</p> <p>Findings</p>	N0408	Correspondence was mailed to the Indiana Department of Health on January 26, 2012 requesting approval of a new Clinical Supervisor and Alternate Clinical Supervisor. Included were the licenses, resumes and re quired criminal background checks. A copy was also provided to the surveyor the same day. On February 10, 2012 Addus received a letter of approval from the Indiana State Department of Health (see attachment).	02/10/2012
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	<p>1. On 1/24/11 at 2:05 PM, Employee P, the office manager, indicated the supervising nurse and alternate supervising nurse had both resigned two weeks ago and not been replaced.</p> <p>2. Personnel file J, the supervising nurse, evidenced a resignation letter dated and signed on 1/5/12.</p> <p>3. Personnel file K, the alternate supervising nurse, indicated a termination date of 1/11/12.</p> <p>4. Indiana State Department of Health documentation still listed employees J and K as the supervising nurse and alternate supervising nurse.</p> <p>5. On 1/24/12 at 3:40 PM, Employee B, the alternate administrator, indicated the supervising nurse and the alternate supervising nurse had been terminated and a letter had not been filed with the department about the change in management.</p> <p>6. The agency policy titled "Director of Patient Care services" with a revision date of 5/4/11 stated, "The director of the patient care services is responsible of the direction and provision of patient care in the agency ... Indicators of performance of essential job duties 1. Ensures office is in</p>				

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	compliance with all applicable state, Medicare, Hipaa, Medicaid, federal and local regulations."			
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N0453	<p>Rule 12 Sec. 1(d) A physician or a registered nurse who has two (2) years of nursing experience, with at least one (1) year of supervisory or administrative experience, shall supervise and direct nursing and other therapeutic services.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure that a supervising nurse (Personnel file J) was in place for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. On 1/24/11 at 2:05 PM, the Employee P, the office manager, indicated the supervising nurse and alternate supervising nurse had resigned two weeks ago and not been replaced. 2. Personnel file J, the supervising nurse, evidenced a resignation letter dated and signed on 1/5/12 and a termination date on 1-19-12. 3. The agency policy titled "Clinical Supervisor" with a revision date of 12/28/10 stated, "The clinical supervisor is a registered nurse who oversees and manages patient care from admission to discharge and coordinates the interdisciplinary team." 4. On 1/24/12 at 3:40 PM Employee B, 	N0453	<p>Correspondence was mailed to the Indiana Department of Health on January 26, 2012 requesting approval of a new Clinical Supervisor and Alternate Clinical Supervisor. Included were the licenses, resumes and re quired criminal background checks. A copy was also provided to the surveyor the same day. On February 10, 2012 Addus received a letter of approval from the Indiana State Department of Health (see attachment).</p>	02/10/2012
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	the alternate administrator, indicated the alternate supervising nurse had been terminated and a letter had not been filed with the department about the change in management.			
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N0454	<p>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> <ol 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 personnel file and policy review and interview, the agency failed to ensure that a supervising nurse or alternate supervising nurse (Personnel file K) was in place for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. On 1/24/11 at 2:05 PM, Employee P, the office manager, indicated the supervising nurse and alternate supervising nurse had resigned two weeks ago and not been replaced. 2. Personnel file J, the supervising nurse, included a resignation letter dated 1/5/12 with a termination date on 1/19/12. 3. Personnel file K, the alternate supervising nurse, identified a termination date of 1/11/12. 4. The agency policy titled "Clinical 	N0454	Correspondence was mailed to the Indiana Department of Health on January 26, 2012 requesting approval of a new Clinical Supervisor and Alternate Clinical Supervisor. Included were the licenses, resumes and re quired criminal background checks. A copy was also provided to the surveyor the same day. On February 10, 2012 Addus received a letter of approval from the Indiana State Department of Health (see attachment).	02/10/2012
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	<p>Supervisor" with a revision date of 12/28/10 stated, "The clinical supervisor is a registered nurse who oversees and manages patient care from admission to discharge and coordinates the interdisciplinary team. She supervises the staff directly. A BSN is preferred ... "</p> <p>5. On 1/24/12 at 3:40 PM, Employee B, the alternate administrator, indicated the alternate supervising nurse had been terminated.</p>			
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N0494	<p>Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following:</p> <p>(1) Provide the patient with a written notice of the patient's right:</p> <p>(A) in advance of furnishing care to the patient; or</p> <p>(B) during the initial evaluation visit before the initiation of treatment.</p> <p>(2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure that 1 of 6 clinical records (Clinical record #2) had been advised in writing of patient's rights with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #2, start of care 11/16/11, with a certification period of 11/16/11 - 1/14/12, failed to evidence signed patient rights.</p> <p>2. On 1/25/12 at 3:45 PM, Employee M, performance improvement coordinator, indicated no patient rights were present in the record.</p> <p>3. The agency policy titled "Patient</p>	N0494	<p>The Patient's Notice of Rights are included in the Patient Handbook that is in the Start of Care packets. Effective 02/17/12, the Registered Nurse conducting the initial assessment reviews/advises the patient of their rights both verbally and in writing prior to formal admission. A checklist has been developed and is included in the Start of Care packets. Upon completion of advising the patient of their rights the RN documents the same on the checklist. The checklist is submitted with the completed SOC paperwork and is filed in the patient's record (see Attachment #1). All current staff will be in-serviced by 02/17/12 by the Performance Improvement Coordinator. In addition, new staff will receive training as part of their orientation. The Clinical Supervisor or the Performance Improvement Coordinator will</p>	02/17/2012
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	Rights/Advanced Directives" with a revision date of June 2011 stated, "Prior to formal admission A. The registered nurse conducting the initial assessment visit will inform the patient and/or surrogate verbally and in writing of all patient rights and responsibilities, including information relating to advanced directives and the agency's policies relating to the same, prior to formal admission ... "		review all admissions on a monthly basis until 100% compliance is achieved and then 20% of the new admissions on a quarterly basis. The Administrator is responsible for monitoring this corrective action to ensure that the Clinical Supervisor/Performance Improvement Coordinator perform the reviews.	

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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			
N0522	<p>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 clinical record and policy review and interview, the agency failed to ensure care was provided only as ordered by the physician on the plan of care for 1 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients. (#3)</p> <p>Findings</p> <p>1. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p>a. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>b. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>c. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>2. The agency policy titled "Physician's Plan of care/treatment and notification of patient's change in condition" with a</p>	N0522	<p>All Oasis and Comprehensive assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. Beginning 02/17/12 when a referral is received, the Clinical Support Coordinator (CSC) will initiate the Start Of Care Tracking Log. (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". (see Attachment #4). This will also be incorporated into new</p>	02/17/2012			

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	revision date of 4/18/11 stated, "Home health services should be provided in accordance with an individualized plan of care based on the patient's diagnosis and assessment of the patient's immediate and long-range needs and resources."		employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admission on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.		

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N0524	<p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p> <p>(x) Any safety measures to protect against injury.</p> <p>(xi) Instructions for timely discharge or referral.</p> <p>(xii) Therapy modalities specifying length of treatment.</p> <p>(xiii) Any other appropriate items.</p> <p>Based on clinical record review and interview, the agency failed to ensure all patients had a plan of care, plans of care were signed timely by the physician, and all plans of care for the same patient had the same start of care date and certification periods for 5 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (Clinical records #1 - #5).</p> <p>Findings</p>	N0524	All Oasis assessments and comprehensive assessments and the accompanying worksheets are expected to be completed and submitted within 48 hours of visit. When a referral is received the Clinical Support Coordinator will initiate the Start of Care Tracking Log (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator	02/20/2012
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	<p>1. Clinical record #1 evidenced two separate clinical records with two different start of care dates and different certification periods.</p> <p>a. One record evidenced a plan of care with a start of care (SOC) 9/13/10 and certification period from 2/14/11 - 4/11/11. There was no later plan of care evidenced in this record although the chart was currently active.</p> <p>b. The other record evidenced a plan of care with a SOC 6/4/10 and a certification period of 11/26/11 - 1/24/12.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B, alternate administrator, and Employee M, performance improvement coordinator, indicated there were two separate plans of cares for billing purposes.</p> <p>2. Clinical record #2, SOC 8/6/10, evidenced a written plan of care not signed in the required time frame by the physician.</p> <p>a. POCs with the certification periods of 6/02/11 - 7/31/11, 8/1/11 - 9/29/11, and 9/30/11 - 11/28/11 evidenced physician signatures on the same date of 12/21/11.</p>		<p>will enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the field staff on the process as well as the Tracking Log. The Performace Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of the new admissions on a monthly basis. The Administrator will be responsible for mointoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process. The Clinical Support Coordinator will enter all physician orders in the McKesson system within 3 business days of receipt. Orders will be faxed and/or mailed on a daily basis. The dates orders are mailed and received back with physician signsture will be tracked in McKesson by the Clinical Support Coordinator. The Clinical Support</p>				

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	<p>b. 1/25/11 at 3:05 PM, Employee M indicated these plans of care were not reviewed by the physician per agency policy.</p> <p>3. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p>a. A clinical document titled "Start of Care assessment" signed by Employee R, RN, on 9-16-11 evidenced an initial and comprehensive assessment for Patient #3.</p> <p>b. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>c. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>d. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>4. Clinical record #4 evidenced two separate clinical records with two different SOC dates and different certification periods:</p> <p>a. One record for Medicare Services evidenced a plan of care with a SOC on</p>		<p>Coordinator will print the "Outstanding Order" report twice weekly. Physician orders will be refaxed/mailed if they have not been received back within 10 days of being sent. The Clinical Support Coordinator will also place a call to the corresponding physician's office notifying them that the order has been resent and request assistance with obtaining the physician's signature. If an order has not been signed within 21 days the Clinical Supervisor or Designee will be notified and will hand deliver the order to the physician's office to obtain signature. The Performance Improvement Coordinator will in-service the Clinical Support Coordinator and the Clinical Supervisor on the described process. On a weekly basis, the Clinical Supervisor will print and review the "Outstanding Order" report to ensure all orders are signed within the required 30 days. On a monthly basis, the Performance Improvement Coordinator will perform a random audit of 10% of the active census to ensure compliance. The Administrator is responsible for ensuring this process occurs. The Clinical Supervisor and Performance Improvement Coordinator will review 100% of the current active records. For those patients receiving more than one service, i.e. Medicare Skilled and Respite Care, the</p>		

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	<p>11/22/11 and a certification period of 11/22/11 - 1/20/12.</p> <p>1.) Skilled nursing visits occurred on 11/25/11, 11/28/11, 12/1/11, 12/2/11, 12/5/11, 12/7/11, 12/15/11, 12/19/11, 12/22/11, 12/26/11, 1/5/12, 1/6/12, 1/9/12, 1/13/12, and 1/16/12.</p> <p>2.) HHA visits occurred twice weekly for the certification period.</p> <p>b. The second record initiated for respite and Medicaid payer source evidenced a SOC on 12/5/11. There was no plan of care for this record. Skilled nurse and home health aide visits had occurred as follows:</p> <p>1.) Skilled nursing visits occurred on 12/7/11, 12/15/11, 12/16/11, 12/21/11, 12/26/11, 12/28/12, 12/30/12, 1/4/12, 1/5/12, 1/6/12, and 1/9/12.</p> <p>2.) HHA visits occurred with two visits weekly for 2 1/2 hours a day.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B and Employee M indicated there were two separate plans of cares for billing purposes.</p> <p>5. Clinical record #5, SOC 11/16/11, included a plan of care for the</p>		<p>records will be integrated into one medical record. The Plans of Care will be reviewed to reflect all services the patient is receiving and that the dates are correct. Supplemental orders will be written for any services the patient is receiving that is not on the current Plan of Care. For those patients being recertified, as the Certifications expire and new Plans of Care are created, all services will be included. The 100% record review will include comparing the dates of all documents in the medical record to the admission/recertification dates to ensure all documents are filed in the correct admission. The Clinical Support Coordinator was in-serviced by the Performance Improvement Coordinator on 02/09/12 (see attached), the correct way to do filing, in chronological order and always checking the dates on documents prior to filing to ensure they are being filed in the correct admission and the "Clinical Record" policy. The Clinical Supervisor, on a monthly basis iwll perform a random review of 20% of the active records to ensure filing is done correctly, dates are correct and the patients have one plan of care. The Administrator will be responsible for ensuring this process is followed.</p>	

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	<p>certification period from 11/16/11 - 1/14/12. The record evidenced numerous documents filed in the record from a past episode / admission including physician order's not signed in a timely manner.</p> <p>a. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, Licensed Practical Nurse (LPN) on 7/20/11 and signed by the physician on 12/7/11 stated, "DC [discontinue] Exelon Patch, hydroxyzine pamoate 25 mg [milligram] cap [capsule] po [by mouth] bid [twice a day], Seroquel 25 mg po take 3 tabs po every evening after dinner. May take 1 tab prn [as needed] for agitation."</p> <p>b. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/6//11 and signed by the physician on 12/7/11 stated, "DC Exelon patch, DC norvasc, DC Lipitor, DC Lexapro 10 mg tab po, change to Lexapro 20 mg 1 tablet po dly [daily], DC Prednisone 10 mg tab po, DC Prednisone 7.5 mg."</p> <p>c. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home " Health Services" signed by Employee U, RN, on 9/24/11 stated,</p>			
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	<p>"SN [skilled nurse] to observe / assess vital signs and compliance related to diabetic teaching, fall/safety precaution, pain/edema prevention, assess respiration, cardiac, neuro [neurological] muscular systems. Occupational therapy to resume services for current certification period/order. HHA [home health aide] to assist pt. [patient] with ADLs [Activities of Daily Living] and personal care. Skilled nursing 2 times a week for 9 weeks and HHA visits for 3 times a week for 9 weeks."</p> <p>d. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/25/11 and signed by the physician on 12/7/11 stated, "Clonazepam 0.5 mg tabs 1/2 tab po @ [at] HS [bedtime], Nortriptylline 10 mg. po take 1 tab tid [three times a day] x 15 days, Seroquel 25 mg po @ HS, Skilled nurse to visit pt. 2 X wk [week]. All orders per Dr. [XX] -- neurologist."</p> <p>e. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 11/4/11 and signed by the physician on 12/7/11 stated, "DC Novlin [sic] Insulin, Humalog Insulin 70/30 8 units sq (subcutaneous) bid, Seroquel 50 mg po bid, and hydrocodone</p>			
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	<p>325 mg po q [every] 4 -6 H [hour] prn.</p> <p>f. On 1/25/12 at 3:45 PM, Employee B indicated the records from a previous episode were in the current record.</p>			
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N0526	<p>Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the physician reviewed the plan of care at least every 60 days for 2 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (Clinical records #2 - #3).</p> <p>Findings</p> <p>1. Clinical record #2, SOC 8/6/10, evidenced a written plan of care not signed in the required time frame by the physician.</p> <p>a. POCs with the certification periods of 6/02/11 - 7/31/11, 8/1/11 - 9/29/11, and 9/30/11 - 11/28/11 evidenced physician signatures on the same date of 12/21/11.</p> <p>b. 1/25/11 at 3:05 PM, Employee M indicated these plans of care were not reviewed by the physician per agency policy.</p> <p>2. Clinical record #3, start of care</p>	N0526	<p>The Clinical Support Coordinator will enter all physician orders in the McKesson system within 3 business days of receipt. Orders will be faxed and/or mailed on a daily basis. The dates orders are mailed and received back with physician signature will be tracked in McKesson by the Clinical Support Coordinator. The Clinical Support Coordinator will print the "Outstanding Order" report twice weekly. Physician orders will be refaxed/mailed if they have not been received back within 10 days of being sent. The Clinical Support Coordinator will also place a call to the corresponding physician's office notifying them that the order has been resent and request assistance with obtaining the physician's signature. If an Order has not been signed within 21 days, the Clinical Supervisor or Designee will be notified and will hand deliver the order to the physician's office to obtain signature. The Performance Improvement Coordinator will in-service the Clinical Support Coordinator on the described process. On a weekly basis, the Clinical Supervisor will print and review the "Outstanding Order"</p>	02/20/2012			

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	<p>9/16/11, evidenced no written plan of care.</p> <p>On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>3. The agency policy titled "Patient Plan of Care" with a review date of 6/7/11 stated, "Each plan of care should be reviewed by an RN, PT, SLP, OT, MSW and other interdisciplinary staff at least every 60 to 62 days as required by regulation and as needed, based upon the patient's condition/needs."</p>		<p>report to ensure all orders are signed within the required 30 days. On a monthly basis, the Performance Improvement Coordinator will perform a random audit of 10% of the active census to ensure compliance. The Administrator is responsible for ensuring this process occurs. All Oasis assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of the visit. When a referral is received the Clinical Support Coordinator will initiate the Start of Care Tracking Log (see attached). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in</p>		

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			Condition". This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admissions on a monthly basis. The Administator will be responsible for monitoring the corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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N0537	<p>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 clinical record and policy review and interview, the agency failed to ensure skilled nurse services were provided only as ordered by the physician on the plan of care for 1 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients. (#3)</p> <p>Findings</p> <p>1. Clinical record #3, start of care 9/16/11, evidenced no written plan of care.</p> <p>a. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>b. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>c. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>2. The agency policy titled "Physician's Plan of care/treatment and notification of</p>	N0537	<p>All Oasis and Comprehensive assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. Beginning 02/17/12 when a referral is received, the Clinical Support Coordinator (CSC) will initiate the Start Of Care Tracking Log. (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". (see Attachment #4). This will also be incorporated into new</p>	02/17/2012
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	patient's change in condition" with a revision date of 4/18/11 stated, "Home health services should be provided in accordance with an individualized plan of care based on the patient's diagnosis and assessment of the patient's immediate and long-range needs and resources."		employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admission on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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N0541	<p>Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on clinical record review, the agency failed to ensure the registered nurse reevaluated the patient's needs by completing a recertification comprehensive assessment for 1 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (#3)</p> <p>Findings include:</p> <p>Clinical record #3, start of care 9/16/11, failed to evidence any recertification comprehensive assessments had been completed.</p>	N0541	<p>Two weeks into the month the Clinical Supervisor will print the Expiring Certification Report for the next month from the McKesson system. Patient's whose certification will expire in the next month will be discussed at the weekly case conferences. If it is determined the patient will need to be recertified, the Start of Care/Recertification Tracking Log (see attached) will be initiated by the Clinical Supervisor. On a weekly basis the Clinical Supervisor will review the tracking tool to ensure the Recertification paperwork has been submitted by the field clinician, entered into McKesson softward, 485/Plans of Care printed and sent to the physician for signature. This will be monitored by the Clinical Supervisor via the Tracking Logs. On a monthly basis, the Performance Improvement Coordinator will review 10% or a minimum of 5 records until 100% compliance is achieved and then 10% on a quarterly basis. The Administrator will be responsible for monitoring this corrective action and ensuring that the Clinical Supervisor and Performance Improvement Coordinator follow through the</p>	02/13/2012
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			above plan.	

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N0542	<p>Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse initiated the plan of care for 1 of 5 clinical records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients requiring a plan of care. (Clinical record #3)</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Clinical record #3, start of care 9/16/11, failed to evidence a plan of care. 2. On 1/25/12 at 12 PM, Employee B, registered nurse (RN), indicated the RN had not initiated the POC. 4. The agency policy titled "Patient Plan of Care" with a review date of 6/7/11 stated, "Procedure: 1. A registered nurse ... is responsible for establishing a plan of care on each patient within five days after receiving the referral or initiation of services." 	N0542	<p>All Oasis and Comprehensive assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. Beginning 02/17/12 when a referral is received, the Clinical Support Coordinator (CSC) will initiate the Start Of Care Tracking Log. (see Attachment #3). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition".</p>	02/17/2012			

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			(see Attachment #4). This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admission on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.	

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N0606	<p>Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse made on-site visits to the patient's home no less frequently than every 2 weeks for 1 of 5 records reviewed of patients with skilled and home health aide services with the potential to affect all the agency's patients who received home health aide services. (Clinical record #1).</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Clinical record #1 included a plan of care for the certification period 11/26/11 - 1/24/12 with orders for home health aide services two times a week for 9 weeks. The record failed to evidence supervisory visits every two weeks. Supervisory visits were made on 12/12/11 and 1/2/12. 2. On 1/25/12 at 4:03 PM, Employees B, Alternate Administrator, and Employee M indicated the record did not show supervisory visits were made as required. 3. The agency policy titled "Home Health 	N0606	<p>For all patients receiving HHA services a separate order will be entered into the McKesson system noting a scheduled supervisory visit. The entry will be appropriately coded as such and shall be completed by the Clinical Support Coordinator when the supervisory visit is completed. In addition, monthly visit schedules will be printed and distributed to the appropriate Supervising clinicians to remind them when supervisory visits must be completed. The policy "HHA Supervision" will be reviewed with all appropriate staff (see Attachment #4). Timely completion of the supervisory visits will be monitored by the Clinical Supervisor via the Payroll proof and the Incomplete Service Order Report. The policy will be reviewed by the Performance Improvement Coordinator and will be included in new employee orientation. The Clinical Supervisor and/or Performance Improvement Coordinator will review a minimum of 5 charts monthly to ensure compliance. Once 100% compliance is achieved, 10% of the charts will be reviewed on a quartely basis.</p>	02/17/2012	

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	Aide Supervision" with a revision date of 6/7/11 stated, "The registered nurse or therapist makes a home health aide supervisory visit to the patient at least every two weeks (14 days) when the patient is receiving skilled services from the agency."		The Administrator will be responsible for monitoring this corrective action by ensuring the Clinical Supervisor and Performance Coordinator follow through.	
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N0608	<p>Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <ol style="list-style-type: none"> (1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary. <p>Based on clinical record and policy review and interview, the agency failed to ensure clinical records were maintained in accordance to professional standards for 5 of 5 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's patients (Clinical records #1 - #5).</p> <p>Findings</p> <ol style="list-style-type: none"> 1. Clinical record #1 evidenced two separate clinical records with two different start of care dates and different certification periods. <ol style="list-style-type: none"> a. One record evidenced a plan of 	N0608	The Clinical Supervisor and Performance Improvement Coordinator will review 100% of the current active records. For those patients receiving more than one service, i.e. Medicare Skilled and Respite Care, the records will be integrated into one medical record. The Plans of Care will be reviewed to ensure there is documentation to reflect all services the patient is receiving and that the dates are correct. Supplemental orders will be written for any services the patient is receiving that is not on the current Plan of Care. For those patients being recertified, as the Certifications expire and new Plans of Care are created, all services will be included. The 100% record review will include	02/20/2012
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	<p>care with a start of care (SOC) 9/13/10 and certification period from 2/14/11 - 4/11/11. There was no later plan of care evidenced in this record although the chart was currently active.</p> <p>b. The other record evidenced a plan of care with a SOC 6/4/10 and a certification period of 11/26/11 - 1/24/12.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B, alternate administrator, and Employee M, performance improvement coordinator, indicated there were two separate plans of cares for billing purposes.</p> <p>2. Clinical record #2, SOC 8/6/10, evidenced a written plan of care not signed in the required time frame by the physician.</p> <p>a. POCs with the certification periods of 6/02/11 - 7/31/11, 8/1/11 - 9/29/11, and 9/30/11 - 11/28/11 evidenced physician signatures on the same date of 12/21/11.</p> <p>b. 1/25/11 at 3:05 PM, Employee M indicated these plans of care were not reviewed by the physician per agency policy.</p> <p>3. Clinical record #3, start of care</p>		<p>comparing the dates of all documents in the medical record to the admission/certification dates to ensure all documents are filed in the correct admission. The Clinical Support coordinator was in-serviced by the Performance Improvement Coordinator on 02/09/12 (see attached) the correct way to do filing, in chronological order and always checking the dates on documents prior to filing to ensure they are being filed in the correct admission and the "Clinical Record" policy. The Clininal Supervisor, on a monthly basis will perform a random review of 20% of the active records to ensure filing is done correctly, dates are correct and the patients have one plan of care. The Administrator will be responsible for ensuring this process is followed. The Clinical Support Coordinator will enter all physician orders in the McKesson system within 3 business days of receipt. Orders will be faxed and/or mailed on a daily basis. The dates orders are mailed and received back with physician signature will be tracked in McKesson by the Clinical Support Coordinator. The Clinical Support coordinator will print the "Outstanding Order" report twice weekly. Physician orders will be refaxed/mailed if they have not been received back within 10 days of being sent. The Clinical Support Coordinator will also</p>				

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	<p>9/16/11, evidenced no written plan of care.</p> <p>a. A clinical document titled "Start of Care assessment" signed by Employee R, RN, on 9-16-11 evidenced an initial and comprehensive assessment for Patient #3.</p> <p>b. Between 9/16/11 - 12/31/11, skilled nurse visits occurred on 9/16, 9/17, 9/18, 9/19, 9/22, and 9/27.</p> <p>c. Between 9/23/11 -12/31/11 home health aide visits occurred two times a week.</p> <p>d. On 1/25/12 at 12 PM, Employee B indicated no plan of care was present in this record.</p> <p>4. Clinical record #4 evidenced two separate clinical records with two different SOC dates and different certification periods:</p> <p>a. One record for Medicare Services evidenced a plan of care with a SOC on 11/22/11 and a certification period of 11/22/11 - 1/20/12.</p> <p>1.) Skilled nursing visits occurred on 11/25/11, 11/28/11, 12/1/11, 12/2/11, 12/5/11, 12/7/11, 12/15/11, 12/19/11, 12/22/11, 12/26/11, 1/5/12, 1/6/12,</p>		<p>place a call to the corresponding physician's office notifying them that the order has been resent and request assistance with obtaining the physician's signature. If an order has not been signed within 21 days the Clinical Supervisor or Designee will be notified and will hand deliver the order to the physician's office to obtain signature. The Performance Improvement Coordinator will in-service the Clinical Support Coordinator and Clinical Supervisor on the above described process. On a weekly basis, the Clinical Supervisor will print and review the "Outstanding Order" report to ensure all orders are signed within the required 30 days. On a monthly basis, the Performance Improvement Coordinator will perform a random audit of 10% of the active census to ensure compliance. The Administrator is responsible for ensuring this process occurs. All Oasis and Comprehensive Assessments and the accompanying worksheet are expected to be completed and submitted within 48 hours of visit. When a referral is received the Clinical Support Coordinator will initiate the Start of Care Tracking Log (see attached). The Clinical Support Coordinator will be responsible for notifying the appropriate disciplines and will document when the notification was given, and will track to ensure the paperwork is</p>				

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	<p>1/9/12, 1/13/12, and 1/16/12.</p> <p>2.) HHA visits occurred twice weekly for the certification period.</p> <p>b. The second record initiated for respite and Medicaid payer source evidenced a SOC on 12/5/11. There was no plan of care for this record. Skilled nurse and home health aide visits had occurred as follows:</p> <p>1.) Skilled nursing visits occurred on 12/7/11, 12/15/11, 12/16/11, 12/21/11, 12/26/11, 12/28/12, 12/30/12, 1/4/12, 1/5/12, 1/6/12, and 1/9/12.</p> <p>2.) HHA visits occurred with two visits weekly for 2 1/2 hours a day.</p> <p>c. On 1/27/11 at 10:30 AM, Employee B and Employee M indicated there were two separate plans of cares for billing purposes.</p> <p>5. Clinical record #5, SOC 11/16/11, included a plan of care for the certification period from 11/16/11 - 1/14/12. The record evidenced numerous documents filed in the record from a past episode / admission including physician order's not signed in a timely manner.</p> <p>a. A document titled "Supplemental</p>		<p>submitted timely. The Clinical Support Coordinator will data enter the Plan of Care into the McKesson system within 3 business days of receipt of paperwork, will print the Plan of Care and send to the physician for signature. The Clinical Supervisor will in-service the Clinical Support Coordinator on the process as well as the Tracking Log. The Performance Improvement Coordinator will in-service the field staff on the above process as well as the policies "Patient Plan of Care" and "Physicians Plan of Care/Treatment and Notification of Patient's Change in Condition". This will also be incorporated into new employee orientation. This will be monitored via the Tracking Log on a daily basis by the Clinical Supervisor. The Performance Improvement Coordinator will review 25% of the records of new admissions on a monthly basis. The Administrator will be responsible for monitoring this corrective action to ensure the Clinical Supervisor and Performance Improvement Coordinator adhere to this process.</p>				

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	<p>orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, Licensed Practical Nurse (LPN) on 7/20/11 and signed by the physician on 12/7/11 stated, "DC [discontinue] Exelon Patch, hydroxyzine pamoate 25 mg [milligram] cap [capsule] po [by mouth] bid [twice a day], Seroquel 25 mg po take 3 tabs po every evening after dinner. May take 1 tab prn [as needed] for agitation."</p> <p>b. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/6//11 and signed by the physician on 12/7/11 stated, "DC Exelon patch, DC norvasc, DC Lipitor, DC Lexapro 10 mg tab po, change to Lexapro 20 mg 1 tablet po dly [daily], DC Prednisone 10 mg tab po, DC Prednisone 7.5 mg."</p> <p>c. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home " Health Services" signed by Employee U, RN, on 9/24/11 stated, "SN [skilled nurse] to observe / assess vital signs and compliance related to diabetic teaching, fall/safety precaution, pain/edema prevention, assess respiration, cardiac, neuro [neurological] muscular systems. Occupational therapy to resume services for current certification</p>			
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	<p>period/order. HHA [home health aide] to assist pt. [patient] with ADLs [Activities of Daily Living] and personal care. Skilled nursing 2 times a week for 9 weeks and HHA visits for 3 times a week for 9 weeks."</p> <p>d. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 9/25/11 and signed by the physician on 12/7/11 stated, "Clonazepam 0.5 mg tabs 1/2 tab po @ [at] HS [bedtime], Nortriptylline 10 mg. po take 1 tab tid [three times a day] x 15 days, Seroquel 25 mg po @ HS, Skilled nurse to visit pt. 2 X wk [week]. All orders per Dr. [XX] -- neurologist."</p> <p>e. A document titled "Supplemental orders Physician's Medical Treatment Plan for Home Health Services" signed by Employee D, LPN, on 11/4/11 and signed by the physician on 12/7/11 stated, "DC Novlin [sic] Insulin, Humalog Insulin 70/30 8 units sq (subcutaneous) bid, Seroquel 50 mg po bid, and hydrocodone 325 mg po q [every] 4 -6 H [hour] prn.</p> <p>f. On 1/25/12 at 3:45 PM, Employee B indicated the records from a previous episode were in the current record.</p> <p>6. The agency policy titled "Clinical</p>			
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	<p>records" with a revision date of 6/1/11 stated, " To maintain clinical records for all patients in a systematic confidential manner which meets all legal and regulatory requirements. For each patient admitted for services, a clinical record is maintained in an individual binder/folder. The clinical records contains all patient data to guide the care by all disciplines while he/she is a patient of the agency. Clinical records are confidential and are maintained in accordance with the Protection and Retention of Clinical and Financial records policy ... The contents of the clinical record are based on the types of services... The home health clinical records contain the following: referral form, consent form, advanced directives, insurance verification ... a plan of care developed by the home health team in accordance with the physician's orders. The HCFA 485 may be used as the POC ... Patient tracking sheet, admission/SOC, resumption of care, follow-up, and transfer/discharge OASIS and comprehensive assessments are completed in accordance with Medicare requirements. ... The medication profile is a listing of the name of each medication ... This form is completed on admission and is reviewed with each medication addition or change and comprehensive assessment and update as needed ... The clinical record should be reviewed for</p>			
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	<p>completeness every 60 days by the primary nurse or administrative staff and upon discharge."</p> <p>7. The agency policy titled "Medical supervision" with a revision date at 5/3/11 stated, "All patients must be under the care of a licensed physician ... who is willing to provide and sign orders for home health services as necessary and in accordance with all applicable regulations. The orders should be signed by the physician using the physician's full name, initials if considered the legal signature, or a computer signature, if appropriately authenticated. A rubber stamp is not acceptable. All physician's orders must be dated by physician at time of signature. All aspects of medical supervision of the home health agency should be governed by basic standards ... The licensed doctor who is responsible for the care of the patient should approve the physician's plan of care and provide the home health agency with a signed and dated copy. The agency will document all efforts to obtain the licensed doctor's signature and date within the require time frame, and thereafter if indicated ... Telephone or verbal orders from the licensed doctor should be written immediately and sent to the licensed doctor for counter-signature and date. Telephone orders must be taken by a</p>			
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	<p>nurse and other person lawfully authorized to receive such orders in accordance with the regulations. Verbal orders should be cosigned by the RN, PT, SLT, OT or MSW when indicated. All initial orders and subsequent changes in orders for services, treatments and drugs and biological should be legible and signed and dated by the licensed doctor ... in accordance with the state regulations and incorporated into the physician's record. All orders for clinical services must be renewed in writing as appropriated by the licensed doctor at least every 60 days for Medicare patients and patients requiring OASIS assessments or 62 days as required by payer and/or applicable regulations."</p> <p>8. The agency policy titled "Physician's Plan of care/treatment and notification of patient's change in condition" with a revision date of 4/18/11 stated, "Home health services should be provided in accordance with an individualized plan of care based on the patient's diagnosis and assessment of the patient's immediate and long-range needs and resources ... The physician is responsible for certifying the patient meets eligibility and reimbursement criteria in accordance with Medicare and other third party payer requirements. The professional responsible for a specific</p>			
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	<p>treatment/service is responsible for promptly notifying the physician whenever a significant change in the patient's condition becomes evident that may indicate a need to modify or develop a plan of care. Modifications/additions to the plan of care/plan of treatment must be approved by the attending physician ... The plan of care should be reviewed and updated as necessary by the home health services team every 60 to 62 days as required by the regulations or more often should the patient condition warrant. Any changes or updates to the plan of care should be documented on physician's verbal order form/progress notes 485 ... Verbal orders must be signed and dated by the registered nurse or qualified therapist who is furnishing or supervising the ordered service and submitted to the physician for signature and date."</p>			
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