

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2013
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NAME OF PROVIDER OR SUPPLIER TMG HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 N MAIN STREET STE 305 SOUTH BEND, IN 46601
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G000000	<p>This was a home health federal complaint investigation survey.</p> <p>Complaint #: IN00141024 - Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Survey Date: December 17, 2013</p> <p>Facility #: 011556</p> <p>Medicaid #: 201022100</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Census: 37</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 18, 2013</p>	G000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record review, policy review, and interview, the agency failed to ensure visits were provided as ordered on the plan of care in 3 of 3 clinical records reviewed creating the potential to affect all 37 patients of the agency. (#1-3)</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 11/8/13, included a plan of care for the certification period 11/8/13 to 1/6/14 that states, "21. Orders for discipline and treatments ... Services/Visit Frequency: SN [skilled nursing]: 2 Hr [hours] visit 2 wk [week] 1; 7 wk 8; 2 wk 1 ... HH [home health] Aide 8 hrs [hours] visit 4wk1; 7wk8" The record failed to evidence 2 home health aide visits were made week 5 (12/5 and 12/7/13).</p> <p>On 12/17/13 at 2:17 PM, employee C (alternate administrator) indicated staff could not locate documentation to support home health aide visits were made for the days of 12/5 and 12/7/13.</p> <p>2. Clinical record #2, start of care</p>	G000158	<p>G 158: FINDINGS # 1 - CORRECTION: Each POC must indicate services</p> <p>provided, type of service, length, frequency, and duration of services. All</p> <p>information will be available on the POC-485/487 and will be accessible in the</p> <p>client's medical file/chart and in the client's home. POC will be faxed to</p> <p>PCP for his authorization, signature, and his records. Visits ordered</p>	12/20/2013			

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	<p>11/13/13, included a plan of care for the certification period 11/13/13 to 1/11/14 that states, "21. Orders for discipline and treatments ... Services/visit frequency: SN: 2 Hr visits 4wk1; 7wk8 ... Home Health Aide-4 hr visits 4wk1; 7wk8" The record failed to evidence a skilled nursing visit was made on 11/21/13 and failed to evidence home health aide visits were made on 11/19, 11/23, 11/24, and 11/28/13.</p> <p>On 12/17/13 at 2:42 PM, employee A (administrator) indicated staff could not locate documentation to support a skilled nursing visit was made on 11/21/13 and staff could not locate documentation to support home health aide visits were made for the days of 11/19, 11/23, 11/24, or 11/28/13.</p> <p>3. Clinical record #3, start of care 10/31/13, included a plan of care for the certification period 10/31 to 12/29/13 that states, "21. Orders for discipline and treatments ... Services/visit frequency: SN: 1 Hr every week 1wk9 for med set up ... Home Health Aide 4 hours 3wk1; 7wk8;1wk1" The record failed to evidence a home health aide visit was made on 12/7/13.</p> <p>On 12/17/13 at 2:35 PM, employee C (alternate administrator) indicated staff</p>		<p>per POC must be completed, unless the client or client's family cancels. When a</p> <p>visit is canceled it will b cancelation, faxed to PCP documented on canceled</p> <p>visit with reason for, and placed in client's file.</p> <p>PREVENTION # 1: Administrator will write a policy on missed visits. Administrator/Alternate Administrator to educate staff on new policy, proper documentation, and obtain signature for verification and receipt in-service was provided. Chart audits to be completed on 10% of all charts monthly, to monitor corrective actions are completed and ensure deficiency will not recur.</p>				

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	<p>could not locate documentation to support a home health aide visit was made for 12/7/13.</p> <p>4. On 12/17/13 at 2:30 PM, employee A indicated the agency had no policy pertaining to missed visits.</p> <p>5. Agency policy with a revision date as 6/1/11 titled "Medical Plan of Care" states, "Medical care shall follow a written medical plan of care established and periodically reviewed by the physician"</p>			

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N000000	<p>This was a home health state complaint investigation survey.</p> <p>Complaint #: IN00141024 - Substantiated: State deficiencies related to the allegation are cited.</p> <p>Survey Date: December 17, 2013</p> <p>Facility #: 011556</p> <p>Medicaid #: 201022100</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 18, 2013</p>	N000000	<p>G 158: FINDINGS # 1 - CORRECTION: Each POC must indicate services provided, type of service, length, frequency, and duration of services. All information will be available on the POC-485/487 and will be accessible in the client's medical file/chart and in the client's home. POC will be faxed to PCP for his authorization, signature, and his records. Visits ordered per POC must be completed, unless the client or client's family cancels. When a visit is canceled it will be cancellation, faxed to PCP documented on canceled visit with reason for, and placed in client's file.</p> <p>PREVENTION # 1: Administrator will write a policy on missed visits. Administrator/Alternate</p>		

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			Administrator to educate staff on new policy, proper documentation, and obtain signature for verification and receipt in-service was provided. Chart audits to be completed on 10% of all charts monthly, to monitor corrective actions are completed and ensure deficiency will not recur.		

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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record review, policy review, and interview, the agency failed to ensure visits were provided as ordered on the plan of care in 3 of 3 clinical records reviewed creating the potential to affect all 37 patients of the agency. (#1-3)</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 11/8/13, included a plan of care for the certification period 11/8/13 to 1/6/14 that states, "21. Orders for discipline and treatments ... Services/Visit Frequency: SN [skilled nursing]: 2 Hr [hours] visit 2 wk [week] 1; 7 wk 8; 2 wk 1 ... HH [home health] Aide 8 hrs [hours] visit 4wk1; 7wk8" The record failed to evidence 2 home health aide visits were made week 5 (12/5 and 12/7/13).</p> <p>On 12/17/13 at 2:17 PM, employee C (alternate administrator) indicated staff could not locate documentation to support home health aide visits were made for the days of 12/5 and 12/7/13.</p> <p>2. Clinical record #2, start of care</p>	N000522	<p>G 158: FINDINGS # 1 - CORRECTION: Each POC must indicate services provided, type of service, length, frequency, and duration of services. All information will be available on the POC-485/487 and will be accessible in the client's medical file/chart and in the client's home. POC will be faxed to PCP for his authorization, signature, and his records. Visits ordered per POC must be completed, unless the client or client's family cancels. When a visit is canceled it will be cancellation, faxed to PCP documented on canceled visit with reason for, and placed in client's file.</p>	12/20/2013

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	<p>could not locate documentation to support a home health aide visit was made for 12/7/13.</p> <p>4. On 12/17/13 at 2:30 PM, employee A indicated the agency had no policy pertaining to missed visits.</p> <p>5. Agency policy with a revision date as 6/1/11 titled "Medical Plan of Care" states, "Medical care shall follow a written medical plan of care established and periodically reviewed by the physician"</p>				