

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2014
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NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 302 E NORTH B STREET GAS CITY, IN 46933
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G000000	<p>This was a federal home health complaint investigation survey.</p> <p>Complaint #: IN00149580 - Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Survey Date: June 4, 2014</p> <p>Facility #: 013349</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 11, 2014</p>	G000000		
G000121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. Based on personnel file review, agency policy and document review, and interview, the agency failed to ensure accepted professional standards and principles that apply to professionals furnishing services in a home health</p>	G000121	Human Resources will ensure a clear copy of Applicant identification is received. HR will fill out Criminal History Check Information form with applicant information and staple a clear copy of ID to this form and HR	06/16/2014

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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	<p>agency were followed with the potential to affect all the patients for whom the agency was providing services.</p> <p>Findings include:</p> <p>1. Personnel file for employee E (home health aide), date of hire 3/17/14, evidenced an Indiana state Identification Card with a Date of Birth as 07/19/1982.</p> <p>A. The file evidenced a document dated 3/20/14 titled "Indiana State Police Limited Criminal History" which states "Name [employee E] ... Birth Date 07/17/1982." The document evidenced the information was requested by employee Z (office staff).</p> <p>B. On 6/4/14 at 12:37 PM, employee D (director of nursing) indicated the agency does not employ employee personnel with felony convictions.</p> <p>C. On 6/4/14 at 12:38 PM, employee Z performed a Limited Criminal History check on employee E using the date of birth as listed on her Indiana state identification card.</p> <p>D. On 6/4/14 at 12:45 PM, employee Y (administrator) presented with a document dated 6/4/14 titled "Indiana State Police Limited Criminal History"</p>		<p>and Administration will sign off on Criminal History Check Information form verifying that information is correct. HR will run Criminal History and Administration will sign off on the Criminal History. QA audit will be performed on every new personnel file to ensure everything in file is accurate and up to date.</p>				

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	<p>which states, "Name [employee E] ... Birth Date 07/19/1982 ... Arrest ... 07/14/2009 Arrest Detail: ... Filed Charge: THEFT Class/Level: D FELONY Amended Charge: CONSPCY/THEFT Class/Level: D FELONY ... Disposition: GUILTY ..."</p> <p>The administrator indicated being unaware the home health aide had a previous felony conviction for theft. The administrator also indicated being the one to request this information on 3/20/14 and indicated an incorrect date of birth was accidentally typed in when requesting the Limited Criminal History check on employee E. The administrator indicated the employee's position would be terminated as of 6/4/14.</p> <p>2. Personnel file for employee E (home health aide) contained a document titled "Application for employment" dated 3/17/14 which states, (page 1) "PERSONAL [employee E] ... Date of Birth 07-19-82 ...", (page 2) "GENERAL Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes___ No [checked]." (page 3) "I certify that the facts contained in this application are true and complete to the best of my</p>			

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	<p>knowledge ... SIGNATURE [employee E] DATE 3/17/14."</p> <p>A. On 6/4/14 at 2:40 PM, employee E indicated the hand writing on page 2 of the "Application for Employment" was not hers and indicated checking yes to the question of conviction of a crime in the past 5 years on the application for employment that was filled out on 3/17/14. The employee indicated she had written /completed pages 1 and 3 of the application.</p> <p>B. On 6/4/14 at 2:42 PM, employee D indicated the handwriting on page 2 of the application was different than the handwriting on page 1 of the application.</p> <p>C. On 6/4/14 at 2:43 PM, the administrator indicated page 2 of the application may have been completed by a previously employed staff member. The previously employed staff member was unavailable at time of survey for questioning.</p> <p>3. The agency policy with a review date of 6/10/13 titled "Personnel Records" states, "Purpose To provide a mechanism for maintaining accurate, complete, and current personnel information."</p>			

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G000134	<p>484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations. Based on personnel file review, agency policy and document review, and interview, the agency failed to ensure the administrator employed qualified personnel in 1 of 24 personnel files reviewed creating the potential to affect all 22 patients of the agency. (employee E)</p> <p>Findings include:</p> <p>1. Personnel file for employee E (home health aide), date of hire 3/17/14, evidenced an Indiana state Identification Card with a Date of Birth as 07/19/1982.</p> <p>A. The file evidenced a document dated 3/20/14 titled "Indiana State Police Limited Criminal History" which states "Name [employee E] ... Birth Date 07/17/1982." The document evidenced the information was requested by employee Z (office staff).</p> <p>B. On 6/4/14 at 12:37 PM, employee</p>	G000134	<p>Human Resources will ensure a clear copy of Applicant identification is received. HR will fill out Criminal History Check Information form with applicant information and staple a clear copy of ID to this form and HR and Administration will sign off on Criminal History Check Information form verifying that information is correct. HR will run Criminal History and Administration will sign off on the Criminal History. QA audit will be performed on every new personnel file to ensure everything in file is accurate and up to date.</p>	06/16/2014

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	<p>D (director of nursing) indicated the agency does not employ employee personnel with felony convictions.</p> <p>C. On 6/4/14 at 12:38 PM, employee Z performed a Limited Criminal History check on employee E using the date of birth as listed on her Indiana state identification card.</p> <p>D. On 6/4/14 at 12:45 PM, employee Y (administrator) presented with a document dated 6/4/14 titled "Indiana State Police Limited Criminal History" which states, "Name [employee E] ... Birth Date 07/19/1982 ... Arrest ... 07/14/2009 Arrest Detail: ... Filed Charge: THEFT Class/Level: D FELONY Amended Charge: CONSPCY/THEFT Class/Level: D FELONY ... Disposition: GUILTY ..."</p> <p>The administrator indicated being unaware the home health aide had a previous felony conviction for theft. The administrator also indicated being the one to request this information on 3/20/14 and indicated an incorrect date of birth was accidentally typed in when requesting the Limited Criminal History check on employee E. The administrator indicated the employee's position would be terminated as of 6/4/14.</p>			

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G000141	<p>2. The agency policy with a review date of 6/10/13 titled "Personnel Records" states, "POLICY Personnel files will be established and maintained for all personnel. ... PURPOSE To provide a mechanism for maintaining accurate, complete, and current personnel information."</p> <p>3. The agency policy with a review date of 6/10/13 titled "Criminal Disclosure" states, "POLICY Agency shall obtain a limited criminal background check on all employees prior to employment, as well as a statement disclosing any crimes on the application for employment. PURPOSE To provide a mechanism whereby criminal background check is obtained on all employees."</p> <p>484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. Based on personnel file review, agency</p>	G000141	Human Resources will ensure a clear copy of Applicant	06/16/2014			

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	<p>policy and document review, and interview, the agency failed to ensure personnel records included accurate information in 1 of 24 personnel files reviewed creating the potential to affect all 22 patients of the agency. (employee E)</p> <p>Findings include:</p> <p>1. Personnel file for employee E (home health aide), date of hire 3/17/14, evidenced an Indiana state Identification Card with a Date of Birth as 07/19/1982.</p> <p>A. The file evidenced a document dated 3/20/14 titled "Indiana State Police Limited Criminal History" which states "Name [employee E] ... Birth Date 07/17/1982." The document evidenced the information was requested by employee Z (office staff).</p> <p>B. On 6/4/14 at 12:37 PM, employee D (director of nursing) indicated the agency does not employ personnel with felony convictions.</p> <p>C. On 6/4/14 at 12:38 PM, employee Z performed a Limited Criminal History check on employee E using the date of birth as listed on her Indiana state identification card.</p>		<p>identification is received. HR will fill out Criminal History Check Information form with applicant information and staple a clear copy of ID to this form and HR and Administration will sign off on Criminal History Check Information form verifying that information is correct. HR will run Criminal History and Administration will sign off on the Criminal History. QA audit will be performed on every new personnel file to ensure everything in file is accurate and up to date.</p>				

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	<p>D. On 6/4/14 at 12:45 PM, employee Y (administrator) presented with a document dated 6/4/14 titled "Indiana State Police Limited Criminal History" which states, "Name [employee E] ... Birth Date 07/19/1982 ... Arrest ... 07/14/2009 Arrest Detail: ... Filed Charge: THEFT Class/Level: D FELONY Amended Charge: CONSPCY/THEFT Class/Level: D FELONY ... Disposition: GUILTY ..."</p> <p>The administrator indicated being unaware the home health aide had a previous felony conviction for theft. The administrator also indicated being the one to request this information on 3/20/14 and indicated an incorrect date of birth was accidentally typed in when requesting the Limited Criminal History check on employee E. The administrator indicated the employee's position would be terminated as of 6/4/14.</p> <p>2. Personnel file for employee E (home health aide) contained a document titled "Application for employment" dated 3/17/14 which states, (page 1) "PERSONAL [employee E] ... Date of Birth 07-19-82 ...", (page 2) "GENERAL Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and</p>			

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	<p>community support Agency? Yes ___ No [checked]." (page 3) "I certify that the facts contained in this application are true and complete to the best of my knowledge ... SIGNATURE [employee E] DATE 3/17/14."</p> <p>A. On 6/4/14 at 2:40 PM, employee E indicated the hand writing on page 2 of the "Application for Employment" was not hers and indicated checking yes to the question of conviction of a crime in the past 5 years on the application for employment that was filled out on 3/17/14. The employee indicated she had written /completed pages 1 and 3 of the application.</p> <p>B. On 6/4/14 at 2:42 PM, employee D indicated the handwriting on page 2 of the application was different than the handwriting on page 1 of the application.</p> <p>C. On 6/4/14 at 2:43 PM, the administrator indicated page 2 of the application may have been completed by a previously employed staff member. The previously employed staff member was unavailable at time of survey for questioning.</p> <p>3. The agency policy with a review date of 6/10/13 titled "Personnel Records" states, "Purpose To provide a mechanism</p>			

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G000224	<p>for maintaining accurate, complete, and current personnel information. ... "</p> <p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. Based on clinical record review, policy review, and interview, the agency failed to ensure the home health aide care plan was reviewed by the registered nurse at least every 60 days in 1 of 3 records reviewed of patients receiving home health aide services creating the potential to affect all the 22 patients of the agency receiving home health aide services (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1 evidenced a start of care date as 3/20/14 and a physicians plan of care for certification period 5/19 to 7/17/14 with orders for home health aide services 3-5 hours per day, 4-6 days per week for 9 weeks. The record evidenced an aide care plan prepared by the</p>	G000224	<p>DDON will inservice Rn staff on reviewing/updating Hha careplan and use of "Client Recertification Additional Information" form. Rn will complete "Client Recertification Additional Information" form with every certification. Medical Records clerk will audit clients chart and "Client Recertification Additional Information" form upon recertification to ensure review of Hha Care plan is being completed.</p>	06/20/2014

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N000000	<p>registered nurse dated 3/20/14. The record failed to evidence the care plan had been reviewed by the registered nurse for the current certification period.</p> <p>2. On 6/4/14 at 1:41 PM, employee D (director of nursing) indicated the aide care plan was not reviewed by the registered nurse for the current certification period.</p> <p>3. The agency policy with an effective date as 6/10/13 titled "Home Health Aide Care Plan" states, "Special Instructions ... 7. The home health aide care plan shall be reviewed and updated by the registered nurse minimally every sixty (60) days.</p> <p>This was a state home health complaint investigation survey.</p> <p>Complaint #: IN00149580 - Substantiated: State deficiencies related to the allegation are cited. Unrelated deficiencies are cited.</p> <p>Survey Date: June 4, 2014</p> <p>Facility #: 013349</p>	N000000		

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N000446	<p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 11, 2014</p> <p>410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3)</p> <p>Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. Based on personnel file review, agency policy and document review, and interview, the agency failed to ensure the administrator employed qualified personnel in 1 of 24 personnel files reviewed creating the potential to affect all 22 patients of the agency. (employee E)</p> <p>Findings include:</p> <p>1. Personnel file for employee E (home health aide), date of hire 3/17/14, evidenced an Indiana state Identification Card with a Date of Birth as 07/19/1982.</p> <p>A. The file evidenced a document dated 3/20/14 titled "Indiana State Police</p>	N000446	Human Resources will ensure a clear copy of Applicant identification is received. HR will fill out Criminal History Check Information form with applicant information and staple a clear copy of ID to this form and HR and Administration will sign off on Criminal History Check Information form verifying that information is correct. HR will run Criminal History and Administration will sign off on the Criminal History. QA audit will be performed on every new personnel file to ensure everything in file is accurate and up to date.	06/16/2014

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	<p>Limited Criminal History" which states "Name [employee E] ... Birth Date 07/17/1982." The document evidenced the information was requested by employee Z (office staff).</p> <p>B. On 6/4/14 at 12:37 PM, employee D (director of nursing) indicated the agency does not employ personnel with felony convictions.</p> <p>C. On 6/4/14 at 12:38 PM, employee Z performed a Limited Criminal History check on employee E using the date of birth as listed on her Indiana state identification card.</p> <p>D. On 6/4/14 at 12:45 PM, employee Y (administrator) presented with a document dated 6/4/14 titled "Indiana State Police Limited Criminal History" which states, "Name [employee E] ... Birth Date 07/19/1982 ... Arrest ... 07/14/2009 Arrest Detail: ... Filed Charge: THEFT Class/Level: D FELONY Amended Charge: CONSPCY/THEFT Class/Level: D FELONY ... Disposition: GUILTY ..."</p> <p>The administrator indicated being unaware the home health aide had a previous felony conviction for theft. The administrator also indicated being the one</p>			

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N000458	<p>to request this information on 3/20/14 and indicated an incorrect date of birth was accidentally typed in when requesting the Limited Criminal History check on employee E. The administrator indicated the employee's position would be terminated as of 6/4/14.</p> <p>2. The agency policy with a review date of 6/10/13 titled "Personnel Records" states, "POLICY Personnel files will be established and maintained for all personnel. ... PURPOSE To provide a mechanism for maintaining accurate, complete, and current personnel information."</p> <p>3. The agency policy with a review date of 6/10/13 titled "Criminal Disclosure" states, "POLICY Agency shall obtain a limited criminal background check on all employees prior to employment, as well as a statement disclosing any crimes on the application for employment. PURPOSE To provide a mechanism whereby criminal background check is obtained on all employees."</p> <p>410 IAC 17-12-1(f) Home health agency administration/management</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K118	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2014
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NAME OF PROVIDER OR SUPPLIER HOMETOWN HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 302 E NORTH B STREET GAS CITY, IN 46933
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	<p>Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. <p>Based on personnel file review, agency policy and document review, and interview, the agency failed to ensure personnel records included an accurate criminal history in 1 of 24 personnel files reviewed creating the potential to affect all 22 patients of the agency. (employee E)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel file for employee E (home health aide), date of hire 3/17/14, evidenced an Indiana state Identification Card with a Date of Birth as 07/19/1982. <p>A. The file evidenced a document dated 3/20/14 titled "Indiana State Police Limited Criminal History" which states "Name [employee E] ... Birth Date</p>	N000458	Human Resources will ensure a clear copy of Applicant identification is received. HR will fill out Criminal History Check Information form with applicant information and staple a clear copy of ID to this form and HR and Administration will sign off on Criminal History Check Information form verifying that information is correct. HR will run Criminal History and Administration will sign off on the Criminal History. QA audit will be performed on every new personnel file to ensure everything in file is accurate and up to date.	06/16/2014

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	<p>07/17/1982." The document evidenced the information was requested by employee Z (office staff).</p> <p>B. On 6/4/14 at 12:37 PM, employee D (director of nursing) indicated the agency does not employ employee personnel with felony convictions.</p> <p>C. On 6/4/14 at 12:38 PM, employee Z performed a Limited Criminal History check on employee E using the date of birth as listed on her Indiana state identification card.</p> <p>D. On 6/4/14 at 12:45 PM, employee Y (administrator) presented with a document dated 6/4/14 titled "Indiana State Police Limited Criminal History" which states, "Name [employee E] ... Birth Date 07/19/1982 ... Arrest ... 07/14/2009 Arrest Detail: ... Filed Charge: THEFT Class/Level: D FELONY Amended Charge: CONSPCY/THEFT Class/Level: D FELONY ... Disposition: GUILTY"</p> <p>The administrator indicated being unaware the home health aide had a previous felony conviction for theft. The administrator also indicated being the one to request this information on 3/20/14 and indicated an incorrect date of birth</p>			

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	<p>was accidentally typed in when requesting the Limited Criminal History check on employee E. The administrator indicated the employee's position would be terminated as of 6/4/14.</p> <p>2. Personnel file for employee E (home health aide) contained a document titled "Application for employment" dated 3/17/14 which states, (page 1) "PERSONAL [employee E] ... Date of Birth 07-19-82 ... ", (page 2) "GENERAL Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes___ No [checked]." (page 3) "I certify that the facts contained in this application are true and complete to the best of my knowledge ... SIGNATURE [employee E] DATE 3/17/14."</p> <p>A. On 6/4/14 at 2:40 PM, employee E indicated the hand writing on page 2 of the "Application for Employment" was not hers and indicated checking yes to the question of conviction of a crime in the past 5 years on the application for employment that was filled out on 3/17/14. The employee indicated she had written /completed pages 1 and 3 of the application.</p> <p>B. On 6/4/14 at 2:42 PM, employee D</p>			

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N000550	<p>indicated the handwriting on page 2 of the application was different than the handwriting on page 1 of the application.</p> <p>C. On 6/4/14 at 2:43 PM, the administrator indicated page 2 of the application may have been completed by a previously employed staff member. The previously employed staff member was unavailable at time of survey for questioning.</p> <p>3. The agency policy with a review date of 6/10/13 titled "Personnel Records" states, "Purpose To provide a mechanism for maintaining accurate, complete, and current personnel information."</p> <p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate. Based on clinical record review, policy review, and interview, the agency failed to ensure the home health aide care plan was reviewed by the registered nurse at</p>	N000550	DON will inservice Rn staff on reviewing/updating Hha careplan and use of "Client Recertification Additional Information" form. Rn will complete "Client	06/20/2014			

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	<p>least every 60 days in 1 of 3 records reviewed of patients receiving home health aide services creating the potential to affect all the 22 patients of the agency receiving home health aide services (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1 evidenced a start of care date as 3/20/14 and a physicians plan of care for certification period 5/19 to 7/17/14 with orders for home health aide services 3-5 hours per day, 4-6 days per week for 9 weeks. The record evidenced an aide care plan prepared by the registered nurse dated 3/20/14. The record failed to evidence the care plan had been reviewed by the registered nurse for the current certification period. 2. On 6/4/14 at 1:41 PM, employee D (director of nursing) indicated the aide care plan was not reviewed by the registered nurse for the current certification period. 3. The agency policy with an effective date as 6/10/13 titled "Home Health Aide Care Plan" states, "Special Instructions ... 7. The home health aide care plan shall be reviewed and updated by the registered nurse minimally every sixty (60) days. 		<p>Recertification Additional Information" form with every certification. Medical Records clerk will audit clients chart and "Client Recertification Additional Information" form upon recertification to ensure review of Hha Care plan is being completed.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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