

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2013
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NAME OF PROVIDER OR SUPPLIER  HELP AT HOME SKILLED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 W LINCOLN HWY STE K MERRILLVILLE, IN 46410
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G0000	<p>This visit was for a federal home health complaint investigation.</p> <p>Complaint: IN000122474 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey date: January 30, 2013</p> <p>Facility #: 004456</p> <p>Medicaid #: 200811660E</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 4, 2013</p>	G0000		

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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G0157	<p><b>484.18</b> <b>ACCEPTANCE OF PATIENTS, POC, MED SUPER</b> Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. Based on clinical record review and interview, the agency failed to ensure that staff were available to meet the patient's needs after funding for care had been approved for 2 of 4 records (#1 and 2) reviewed with the potential to affect all patients admitted for services with the agency.</p> <p>Findings</p> <p>1. Clinical record #1 identified a start of care (SOC) date of 10/10/12 and a referral date of 8/23/12. The initial assessment was completed on 10/10/12. The funding was secured on 9/10/12 for home health aide services.</p> <p>a. On 1/30/13 at 11:45 AM, the caregiver of patient #1 indicated there was a large span of time, perhaps a week or two, between the referral and the SOC due to staffing problems and that the agency communicated the staffing problems with the caregiver until care started.</p>	G0157	<p>G 157: 1. Patients will only be accepted for care if the agency can adequately meet the patients' health needs.</p> <p>2. The agency will review staffing availability prior to accepting patients for care to ensure their health needs can be met.</p> <p>3. The Administrator and the Nursing supervisor will be responsible for ensuring patient needs can be met before being accepted into the agency.</p>	02/22/2013	

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	<p>b. On 1/30/13 at 1:35 PM, Employee B, Registered Nurse, indicated the referral for patient #1 occurred on 8/23/12 and SOC was delayed due to difficulty staffing the patient's home health aide services, even though the funding source was present on 9/10/12.</p> <p>2. Clinical record #2 identified a start of care date of 11/2/12 and a referral date of 10/26/12. The initial assessment was completed on 11/2/12. The delay of the initial assessment was discussed in an email in finding #b.</p> <p>a. On 1/30/13 at 1:40 PM, Employee B indicated Clinical record #2 had a referral date of 10/26/12 and initial assessment on 11/2/12. Funding was secured and in place on 9/10/12. Care was delayed due to staffing issues despite the presence of funding.</p> <p>b. The agency document, concerning patient #2's start of care, identified as an email dated 10/30/12 written to Employee H, scheduler, from Employee L, RN, stated, "After repeated attempts of trying to get situated with Employee M, HHA, [caregiver of patient #2] insists there by at least 2 days between shifts ... Since [Employee M] is not able to work this out due to working for other side, [caregiver of patient #2] stated we should just find</p>						

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	someone else. Did inform this could take some time and we would keep in touch."			

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G0171	<p><b>484.30(a)</b> <b>DUTIES OF THE REGISTERED NURSE</b> The registered nurse makes the initial evaluation visit.</p> <p>Based on clinical record, document, and policy review and interview, the agency failed to ensure the registered nurse (RN) made an initial assessment within 48 hours of referral or on the physician-ordered start of care date as required by agency policy in 2 of 4 records reviewed (#1 and #2) creating the potential to affect all of the agency's new patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> <li>1. Clinical record #1 identified a start of care date of 10/10/12 and a referral date of 8/23/12. The initial assessment was completed on 10/10/12.</li> </ol> <p>On 1/30/13 at 1:35 PM, Employee B, Registered Nurse (RN), indicated the referral for patient #1 occurred on 8/23/12 and start of care was delayed due to difficulty staffing the patient's home health aide services.</p> <ol style="list-style-type: none"> <li>2. Clinical record #2 identified a start of care date of 11/2/12 and a referral date of 10/26/12. The initial assessment was completed on 11/2/12. The delay of the initial assessment was discussed in an</li> </ol>			G0171	<p>G 171: 1. Patients will have an initial assessment within 48 hours of the referral or on the physician- ordered start of care date by the registered Nurse (RN)</p> <p>2. The Nursing Supervisor will utilize the tracking log to ensure the Registered Nurse completes the initial assessment within 48 hours of the referral or on the physician –ordered start of care.</p> <p>3. The Administrator and the Nursing supervisor will be responsible for ensuring the initial assessment is within 48 hours of the referral or on the physician-ordered start of care.</p>		02/22/2013

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	<p>email in finding #b.</p> <p>a. On 1/30/13 at 1:40 PM, Employee B indicated Clinical record #2 had a referral date of 10/26/12 and initial assessment on 11/2/12. Funding was secured and in place on 9/10/12. Care was delayed due to staffing issues despite the presence of funding.</p> <p>b. The agency document, concerning patient #2's start of care, identified as an email dated 10/30/12 written to Employee H, scheduler, from Employee L, RN, stated, "After repeated attempts of trying to get situated with Employee M, HHA, [caregiver of patient #2] insists there by at least 2 days between shifts ... Since [Employee M] is not able to work this out due to working for other side, [caregiver of patient #2] stated we should just find someone else. Did inform this could take some time and we would keep in touch."</p> <p>3. The agency policy titled "Initial Home Visit to Evaluate for admission" with an effective date of 1-23-06 and revised date of 2-1-12 stated, "The supervising nurse or designee makes the initial admission visit or oversees the admission assessment to another Registered Nurse. The agency shall not initiate home care services until a funding source has been secured and an initial assessment has been</p>						

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	completed with the identification of client needs that can be met by the agency ... admission assessments are completed within 48 hours of referral follow receipt of funding source contact and identification that patient's needs can be met by the agency; within 48 hours of the patient's return home; per documented patient / family request; or the physician ordered start of care date."			

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G0332	<p><b>484.55(a)(1)</b> <b>INITIAL ASSESSMENT VISIT</b> The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date. Based on clinical record, document, and policy review and interview, the agency failed to ensure the registered nurse (RN) made an initial assessment within 48 hours of referral or on the physician-ordered start of care date in 2 of 4 records reviewed (#1 and #2) creating the potential to affect all of the agency's new patients.</p> <p>The findings include</p> <p>1. Clinical record #1 identified a start of care date of 10/10/12 and a referral date of 8/23/12. The initial assessment was completed on 10/10/12.</p> <p>On 1/30/13 at 1:35 PM, Employee B, Registered Nurse (RN), indicated the referral for patient #1 occurred on 8/23/12 and start of care was delayed due to difficulty staffing the patient's home health aide services.</p> <p>2. Clinical record #2 identified a start of care date of 11/2/12 and a referral date of 10/26/12. The initial assessment was completed on 11/2/12. The delay of the initial assessment was discussed in an</p>			G0332	<p>G 332: 1. All Patients will have an initial assessment visit within 48 hours of the intake or within 48 hours of the patients return to home or the physician ordered start of care date.</p> <p>2. The Nursing Supervisor will utilize the tracking log to ensure the Registered Nurse completes the initial assessment within 48 hours of the referral or on the physician –ordered start of care.</p> <p>3. The Administrator and the Nursing supervisor will be responsible for ensuring the initial assessment is within 48 hours of the referral or on the physician-ordered start of care.</p>		02/22/2013

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N0000	<p>This visit was for a state home health complaint investigation.</p> <p>Complaint: IN000122474 - Unsubstantiated: Lack of sufficient evidence. Unrelated deficiencies are cited.</p> <p>Survey date: January 30, 2013</p> <p>Facility #: 004456</p> <p>Medicaid #: 200811660E</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 4, 2013</p>	N0000			

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N0520	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the home health agency in the patient's place of residence.</p> <p>Based on clinical record review and interview, the agency failed to ensure that staff were available to meet the patient's needs after funding for care had been approved for 2 of 4 records (#1 and 2) reviewed with the potential to affect all patients admitted for services with the agency.</p> <p>Findings</p> <p>1. Clinical record #1 identified a start of care (SOC) date of 10/10/12 and a referral date of 8/23/12. The initial assessment was completed on 10/10/12. The funding was secured on 9/10/12 for home health aide services.</p> <p>a. On 1/30/13 at 11:45 AM, the caregiver of patient #1 indicated there was a large span of time, perhaps a week or two, between the referral and the SOC due to staffing problems and that the agency communicated the staffing problems with the caregiver until care started.</p>	N0520	<p>N 520: 1. Patients will only be accepted for care if the agency can adequately meet the patients' health needs.</p> <p>2. The agency will review staffing availability prior to accepting patients for care to ensure their health needs can be met.</p> <p>3. The Administrator and the Nursing supervisor will be responsible for ensuring patient needs can be met before being accepted into the agency.</p>	02/22/2013

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	<p>b. On 1/30/13 at 1:35 PM, Employee B, Registered Nurse, indicated the referral for patient #1 occurred on 8/23/12 and SOC was delayed due to difficulty staffing the patient's home health aide services, even though the funding source was present on 9/10/12.</p> <p>2. Clinical record #2 identified a start of care date of 11/2/12 and a referral date of 10/26/12. The initial assessment was completed on 11/2/12. The delay of the initial assessment was discussed in an email in finding #b.</p> <p>a. On 1/30/13 at 1:40 PM, Employee B indicated Clinical record #2 had a referral date of 10/26/12 and initial assessment on 11/2/12. Funding was secured and in place on 9/10/12. Care was delayed due to staffing issues despite the presence of funding.</p> <p>b. The agency document, concerning patient #2's start of care, identified as an email dated 10/30/12 written to Employee H, scheduler, from Employee L, RN, stated, "After repeated attempts of trying to get situated with Employee M, HHA, [caregiver of patient #2] insists there by at least 2 days between shifts ... Since [Employee M] is not able to work this out due to working for other side, [caregiver</p>			

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N0540	<p>410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit.</p> <p>Based on clinical record, document, and policy review and interview, the agency failed to ensure the registered nurse (RN) made an initial assessment within 48 hours of referral or on the physician-ordered start of care date as required by agency policy in 2 of 4 records reviewed (#1 and #2) creating the potential to affect all of the agency's new patients.</p> <p>The findings include</p> <p>1. Clinical record #1 identified a start of care date of 10/10/12 and a referral date of 8/23/12. The initial assessment was completed on 10/10/12.</p> <p>On 1/30/13 at 1:35 PM, Employee B, Registered Nurse (RN), indicated the referral for patient #1 occurred on 8/23/12 and start of care was delayed due to difficulty staffing the patient's home health aide services.</p> <p>2. Clinical record #2 identified a start of care date of 11/2/12 and a referral date of</p>	N0540	<p>N 540: 1. Patients will have an initial assessment within 48 hours of the referral or on the physician- ordered start of care date by the registered Nurse (RN)</p> <p>2. The Nursing Supervisor will utilize the tracking log to ensure the Registered Nurse completes the initial assessment within 48 hours of the referral or on the physician –ordered start of care.</p> <p>3. The Administrator and the Nursing supervisor will be responsible for ensuring the initial assessment is within 48 hours of the referral or on the physician-ordered start of care.</p>	02/22/2013

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	<p>10/26/12. The initial assessment was completed on 11/2/12. The delay of the initial assessment was discussed in an email in finding #b.</p> <p>a. On 1/30/13 at 1:40 PM, Employee B indicated Clinical record #2 had a referral date of 10/26/12 and initial assessment on 11/2/12. Funding was secured and in place on 9/10/12. Care was delayed due to staffing issues despite the presence of funding.</p> <p>b. The agency document, concerning patient #2's start of care, identified as an email dated 10/30/12 written to Employee H, scheduler, from Employee L, RN, stated, "After repeated attempts of trying to get situated with Employee M, HHA, [caregiver of patient #2] insists there by at least 2 days between shifts ... Since [Employee M] is not able to work this out due to working for other side, [caregiver of patient #2] stated we should just find someone else. Did inform this could take some time and we would keep in touch."</p> <p>3. The agency policy titled "Initial Home Visit to Evaluate for admission" with an effective date of 1-23-06 and revised date of 2-1-12 stated, "The supervising nurse or designee makes the initial admission visit or oversees the admission assessment to another Registered Nurse.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/30/2013
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	The agency shall not initiate home care services until a funding source has been secured and an initial assessment has been completed with the identification of client needs that can be met by the agency ... admission assessments are completed within 48 hours of referral follow receipt of funding source contact and identification that patient's needs can be met by the agency; within 48 hours of the patient's return home; per documented patient / family request; or the physician ordered start of care date."			