

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157496		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/26/2012	
NAME OF PROVIDER OR SUPPLIER BMO HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1970 GRANT ST GARY, IN 46404			
(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			
G0000	<p>This survey was for a home health federal recertification survey.</p> <p>Facility #: 009945</p> <p>Medicaid #: 200130560A</p> <p>Dates of survey: July 23, 24, 25, and 26, 2012.</p> <p>Unduplicated Census: 45</p> <p>Total clinical record reviewed: 13 Active records reviewed: 11 Closed records reviewed: 2</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 30, 2012</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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G0121	<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.</p> <p>Based on employee record review, interview, and agency policy review the agency failed to ensure it had followed its own policy regarding employment of applicants with a Criminal Conviction for 1 of 10 employee files reviewed (#J) with the potential to affect all of the agency's patients.</p> <p>The findings include:</p> <p>1. During an interview with employee C on 7-26-12 at 10:00 AM employee C verified the "BMO HOME HEALTH CARE, INC.- Applicants with Criminal Conviction", undated, is the current policy utilized by the agency. The policy states, "The agency will not employ or contract with any person or persons convicted of crimes included but not limited to . . . Theft occurring with 10 years prior to date of application for employment." Employee C indicated "check deception" would be considered theft; however, employee J had just written a check to a casino believing that a payroll check had been deposited to a personal checking</p>	G0121	<p>BMO Home Health policy regarding employment of applicant with a criminal conviction will be reviewed, revised, dated and approved when finalized by the Professional Advisory Board. Error was noted in this agency's policy which stated, "an employee should not be hired with any conviction" was a type error. BMO Home Health Care, Inc., policy purpose was to allow hiring of individuals with conviction such as a minor misdemeanor while still adhering to regulatory guidelines. To ensure that this will not reoccur, BMO's policy will be changed to reflect compliance to State, Federal and Regulatory Guidelines. Employee J is in the probationary period. BMO Home Health Care, Inc., personnel department will seek a National Criminal History report immediately. Employee J finger printing will be scheduled by 08/24/2012. National Criminal History report will be mailed by this agency to the FBI CJIS Division-Record Request by 08/24/2012. Although the FBI employs the most efficient methods for processing requests, processing times may take</p>	08/24/2012			

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	<p>account used by employee J. It turned out that the funds were not available in the account employee J had written the check from and charges were brought against employee J by the casino. Per employee C, employee J made restitution and no further charges had been made against the employee J and employee J had been released from probation in 2007. Per employee C, employee J is currently employed by the agency as of the dates of the survey.</p> <p>2. Review of the personnel file for employee J, date of hire 5-10-12, evidenced a "Limited Criminal History" dated 5-21-12 stating Employee J was arrested on 2/28/07 for a charge of check deception and was subsequently found guilty by the LaPorte County Superior Court #4. A copy of a letter addressed to Employee J from the Laporte Superior Court No. 4 dated 12 December 2007 stated, "Due to your satisfactory completion of the requirements stipulated by the LaPorte Superior Court #4, and your compliance with the other conditions of probation, you are being released from probation supervision. As of today, you are no longer on probation with this department."</p> <p>3. Review of agency policy, undated, "BMO HOME HEALTH CARE, INC. -</p>		<p>approximately five to six weeks depending on the volume of requests received. Clinical Supervision of Employee J regarding patient care, compliance to agency policy and procedures, regulatory guidelines will be monitored and documented every two weeks for 2 months, then monthly to ensure patients that were assigned to employee J care was not affected. Q.A. will be documented by Clinical Supervisor regarding client satisfaction of patients seen by employee J every two weeks for 2 months, then monthly and ongoing. Clinical Supervisor and Administrator to assess compliance and non compliance, negative results will result in recommendation for termination. The responsible person's will be the Clinical Supervisor, Administrator and Personnel Department for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>		

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	Applicants with Criminal conviction" states: "BMO Home Health Care, Inc. will not employ or contract with any person or persons convicted of crimes included but not limited to: -Exploitation of an endangered adult. -Abuse or neglect of a child. -Sex crime. -Failure to report battery, neglect, or exploitation of an endangered adult or dependent. -Theft occurring within ten years prior to date of application for employment. -Murder. -Voluntary or involuntary manslaughter. -Battery.			

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G0134	<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.</p> <p>Based on personnel file review, agency policy review, and interview, the agency failed to ensure Home Health Aides were in good standing on the state Aide Registry in 2 (Employee F, G) of 2 Home Health Aide files reviewed with the potential to affect all patients receiving home health aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Personnel file F, date of hire 10-20-11 with initial patient contact 10-26-11, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. Personnel file G, date of hire 3-11-10 with initial initial patient contact 3-17-10, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. In an interview 7-26-12 at 1:15 PM, Employee C indicated the agency follows state rules and federal regulations but management staff was not aware that aide 	G0134	<p>Administrator and Clinical Supervisors will in-service office staff, clinical and field staff on Personnel and Survey deficiencies, review current appropriate policies and procedures and date revised policy and procedures approved by the Professional Advisory Board. This agency will do a pre-employment auditing of all new applicants. Files will be checked for compliance of State, Federal and Regulatory Guidelines, within five days of pre-employment process and before a field Skill Competency is scheduled. This agency will continue to verify applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings" and in Good Standing will be documented on the verification form from the On-Line Licensing Site for the State of Indiana. Any non-compliance in the files will be corrected immediately by the Adminstrator and/or Personnel Department. Home Health Aide F & G deficiency regarding "Good Standing, Findings/no Findings" on the State Home Health Aide Registry and current certification</p>	08/24/2012			

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	<p>staff had to be entered and in good standing on the Indiana State Home Health Aide Registry to be employed in a Home Health Aide capacity. Employee C stated, "We thought that if a person was a certified nursing assistant and registered on the State Certified Nursing Assistant Registry, they were automatically put on the State Home Health Aide Registry and only people newly trained here to be Home Health Aides had to be entered on to the State Home Health Aide Registry."</p> <p>4. Agency policy "BMO HOME HEALTH CARE, INC. , POLICY AND PROCEDURE, PREEMPLOYMENT / EMPLOYMENT CRITERIA", undated, states, "All personnel requirements must be met per agency policy and procedure: -Verifying applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings", and in "Good Standing."</p> <p>5. Agency policy "Addendum - Personnel Policy", undated, states, "The Personnel Records of employee's home health services shall be kept current and shall include documentation of orientation to the job: A copy of current license, certification or registration or skills as appropriate for job title."</p> <p>6. Agency policy "PERSONNEL FILES</p>		<p>was corrected on July, 27, 2012 to ensure that this deficiency did not have a potential affect on our patients' care. BMO will institute a Personnel Flow Sheet Form to include Finding/No Findings, Good Standing, current field staff personnel files expectations per Regulatory Guidelines and to show evidence that all new applicants was checked for Good Standing and Findings/no Findings. Personnel Department to audit all files for compliance by 08/24/2012 and continue monthly auditing for 3 months, then quarterly. Any non-compliance to regulatory or agency policies will be identified, documented and corrected immediately and re-audited within 5 days. All results will be submitted to the Administrator. "The Personnel Records" of employee's home health services shall be kept current and in compliance with State, Federal and Regulatory Guidelines. The responsible person's will be the Administrator and Personnel Department for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>				

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	FOR BMO HEALTH CARE STAFF", undated, states, "The following information will be kept current in all field staff personnel file: -Current Home Health Aide Certified Letter."				

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G0157	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER 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.</p> <p>Based on clinical record review, interview, and document review, the agency failed to ensure appropriate staff were available to meet the patient's needs in the home in 1 of 13 records reviewed with the potential to affect all the agency's patients (#2.)</p> <p>Findings:</p> <p>1. Clinical record #2, Start of Care (SOC) 12-22-01, included a plan of care for the certification period 4-28-12 to 6-26-12 with a physician's order dated 5-3-12 for "Physical Therapy and O.T. [Occupational Therapy] Evaluate pt [patient] and treat." The clinical record had documentation that a physical therapy evaluation was done 5-8-12. The clinical record did not evidence documentation of an Occupational Therapy evaluation being done.</p> <p>2. Employee C, on 7-24-12 at 3:30 PM, indicated there was no Occupational</p>	G0157	<p>Administrator and Clinical Supervisors will in-service clinical staff and office staff regarding Referral policy and procedures, agency admission policy and procedures and request for services that this agency does not provide and how to refer to RN for immediate follow-up. Focus will be placed on adequate documentation to physician and referral source regarding patient accepted and not accepted for care with reason and final orders received. The Clinical Supervisor per policy will not accept any referrals where adequate staff is not available. Clinical Supervisor to audit and document compliance of referrals and admissions weekly and ongoing per regulatory and agency guidelines. Focus will be on adequate, timely documentation regarding acceptance of referrals, skilled patients, disciplines and services that BMO Home Health Care, Inc., can appropriately provide services. Clinical Supervisor to submit weekly written documentation to Administrator and Q.A Committee regarding audit results to include compliance and non-compliance</p>	08/24/2012	

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	<p>Therapist employed by the agency and no contracted Occupational Therapy services were available to the agency. Per Employee C, the agency does not offer Occupational Therapy. Employee C indicated agency staff notified the physician the agency did not have occupational therapy services available but failed to document the notification to the physician or to note the physician agreed to have the agency provide just Physical Therapy.</p> <p>3. The document "Division of Acute Care-Indiana State Department of Health-Home Health Agencies Report" completed by Employee A identified the agency provides nursing services, physical therapy services, medical social work services, home health aide services, and personal services.</p>		<p>of adequate skilled staff available or not available, timely documentation of physician orders. Clinical Supervisor and Administrator will be responsible for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>		

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N0446	<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.</p> <p>Based on personnel file review, agency policy review, and interview, the agency failed to ensure Home Health Aides were in good standing on the state Aide Registry in 2 (Employee F, G) of 2 Home Health Aide files reviewed with the potential to affect all patients receiving home health aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Personnel file F, date of hire 10-20-11 with initial patient contact 10-26-11, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. Personnel file G, date of hire 3-11-10 with initial initial patient contact 3-17-10, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. In an interview 7-26-12 at 1:15 PM, 	N0446	<p>Administrator and Clinical Supervisors will in-service office staff, clinical and field staff on Personnel and Survey deficiencies, review current appropriate policies and procedures and date revised policy and procedures approved by the Professional Advisory Board. This agency will do a pre-employment auditing of all new applicants. Files will be checked for compliance of State, Federal and Regulatory Guidelines, within five days of pre-employment process and before a field Skill Competency is scheduled. This agency will continue to verify applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings" and in Good Standing will be documented on the verification form from the On-Line Licensing Site for the State of Indiana. Any non-compliance in the files will be corrected immediately by the Administrator and/or Personnel Department. Home Health Aide F & G</p>	08/24/2012			

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	<p>Employee C indicated the agency follows state rules and federal regulations but management staff was not aware that aide staff had to be entered and in good standing on the Indiana State Home Health Aide Registry to be employed in a Home Health Aide capacity. Employee C stated, "We thought that if a person was a certified nursing assistant and registered on the State Certified Nursing Assistant Registry, they were automatically put on the State Home Health Aide Registry and only people newly trained here to be Home Health Aides had to be entered on to the State Home Health Aide Registry."</p> <p>4. Agency policy "BMO HOME HEALTH CARE, INC. , POLICY AND PROCEDURE, PREEMPLOYMENT / EMPLOYMENT CRITERIA", undated, states, "All personnel requirements must be met per agency policy and procedure: -Verifying applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings", and in "Good Standing."</p> <p>5. Agency policy "Addendum - Personnel Policy", undated, states, "The Personnel Records of employee's home health services shall be kept current and shall include documentation of orientation to the job: A copy of current license, certification or registration or skills as</p>		<p>deficiency regarding "Good Standing, Findings/no Findings" on the State Home Health Aide Registry and current certification was corrected on July, 27, 2012 to ensure that this deficiency did not have a potential affect on our patients' care. BMO will institute a Personnel Flow Sheet Form to include Finding/No Findings, Good Standing, current field staff personnel files expectations per Regulatory Guidelines and to show evidence that all new applicants was checked for Good Standing and Findings/no Findings. Personnel Department to audit all files for compliance by 08/24/2012 and continue monthly auditing for 3 months, then quarterly. Any non-compliance to regulatory or agency policies will be identified, documented and corrected immediately and re-audited within 5 days. All results will be submitted to the Administrator. "The Personnel Records" of employee's home health services shall be kept current and in compliance with State, Federal and Regulatory Guidelines. The responsible person's will be the Administrator and Personnel Department for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>				

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	<p>appropriate for job title."</p> <p>6. Agency policy "PERSONNEL FILES FOR BMO HEALTH CARE STAFF", undated, states, "The following information will be kept current in all field staff personnel file: -Current Home Health Aide Certified Letter."</p> <p>:</p>			

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N0456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on interview and review of documents, the agency failed to maintain a quality assessment and performance improvement program that reflected the complexity of the organization and services using objective measures for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. Review of agency documents with employee C revealed a notebook binder with members listed for the quality assurance program committee. The agency was unable to produce any documentation to evidence implementation, maintenance, and assessment of a performance improvement program that evaluated the quality and appropriateness of patient care, identified and resolved identified problems, and improved patient care.</p> <p>2. Employee C, on 7-26-12 at 9:00 AM</p>	N0456	<p>Administrator and Clinical Supervisor will in-service clinical staff, office staff, and QA Committee on the Survey deficiencies regarding QA, Performance Improvement, Regulatory Guidelines and agency policy and procedure. BMO will schedule a QA Committe meeting to review and revise in-adequate documentation of QA and performance improvement program of BMO to meet State and Federal, Regulatory Guidelines and agency policy and procedures by 08/31/2012. BMO will establish a process that will includes steps and objective measures which the QA Committee will consistently follow to correct and prevent re-occurrence of deficiencies related to QA/PI Program. BMO will institute any additional QA forms needed to obtain compliance to establish processes and revised policies and procedures. Quarterly QA meeting will have specific agenda items to meet QA compliance. The responsible person's will be</p>	08/24/2012			

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	CST, indicated the quality assurance program was in place and the committee had been reviewing inpatient admissions. Employee C further indicated documentation was "not where it needs to be."		the Administrator and Clinical Supervisor for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.		

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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	
N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on interview and review of documents, the agency failed to maintain a quality assessment and performance improvement program that reflected the complexity of the organization and services using objective measures for 1 of 1 agency reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. Review of agency documents with employee C revealed a notebook binder with members listed for the quality assurance program committee. The agency was unable to produce any documentation to evidence implementation, maintenance, and assessment of a performance</p>	N0472	<p>Administrator and Clinical Supervisor will in-service clinical staff, office staff, and QA Committee on the Survey deficiencies regarding QA, Performance Improvement, Regulatory Guidelines and agency policy and procedure. BMO will schedule a QA Committee meeting to review and revise in-adequate documentation of QA and performance improvement program of BMO to meet State and Federal, Regulatory Guidelines and agency policy and procedures by 08/31/2012. BMO will establish a process that will includes steps and objective measures which the QA Committee will consistently follow to correct and prevent re-occurrence of deficiencies related to QA/PI Program. BMO will institute any additional QA forms needed to obtain compliance to establish</p>	08/24/2012	

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	<p>improvement program that evaluated the quality and appropriateness of patient care, identified and resolved identified problems, and improved patient care.</p> <p>2. Employee C, on 7-26-12 at 9:00 AM CST, indicated the quality assurance program was in place and the committee had been reviewing inpatient admissions. Employee C further indicated documentation was "not where it needs to be."</p>		<p>processes and revised policies and procedures. Quarterly QA meeting will have specific agenda items to meet QA compliance. The responsible person's will be the Administrator and Clinical Supervisor for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>		

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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, interview, and document review, the agency failed to ensure appropriate staff were available to meet the patient's needs in the home in 1 of 13 records reviewed with the potential to affect all the agency's patients (#2.)</p> <p>Findings:</p> <p>1. Clinical record #2, Start of Care (SOC) 12-22-01, included a plan of care for the certification period 4-28-12 to 6-26-12 with a physician's order dated 5-3-12 for "Physical Therapy and O.T. [Occupational Therapy] Evaluate pt [patient] and treat." The clinical record had documentation that a physical therapy evaluation was done 5-8-12. The clinical record did not evidence documentation of an Occupational Therapy evaluation being done.</p> <p>2. Employee C, on 7-24-12 at 3:30 PM, indicated there was no Occupational Therapist employed by the agency and no contracted Occupational Therapy services</p>	N0520	<p>Administrator and Clinical Supervisors will in-service clinical staff and office staff regarding Referral policy and procedures, agency admission policy and procedures and request for services that this agency does not provide and how to refer to RN for immediate follow-up. Focus will be placed on adequate documentation to physician and referral source regarding patient accepted and not accepted for care with reason and final orders received. The Clinical Supervisor per policy will not accept any referrals where adequate staff is not available. Clinical Supervisor to audit and document compliance of referrals and admissions weekly and ongoing per regulatory and agency guidelines. Focus will be on adequate, timely documentation regarding acceptance of referrals, skilled patients, disciplines and services that BMO Home Health Care, Inc., can appropriately provide services. Clinical Supervisor to submit weekly written documentation to Administrator and Q.A Committee regarding audit results to include compliance and non-compliance of adequate</p>	08/24/2012

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	<p>were available to the agency. Per Employee C, the agency does not offer Occupational Therapy. Employee C indicated agency staff notified the physician the agency did not have occupational therapy services available but failed to document the notification to the physician or to note the physician agreed to have the agency provide just Physical Therapy.</p> <p>3. The document "Division of Acute Care-Indiana State Department of Health-Home Health Agencies Report" completed by Employee A identified the agency provides nursing services, physical therapy services, medical social work services, home health aide services, and personal services.</p>		<p>skilled staff available or not available, timely documentation of physician orders. Clinical Supervisor and Administrator will be responsible for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>		

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on personnel file review, agency policy review, and interview, the agency failed to ensure Home Health Aides were in good standing on the state Aide Registry in 2 (Employee F, G) of 2 Home Health Aide files reviewed with the potential to affect all patients receiving home health aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Personnel file F, date of hire 10-20-11 with initial patient contact 10-26-11, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. 2.. Personnel file G, date of hire 3-11-10 with initial initial patient contact 3-17-10, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. 3. In an interview 7-26-12 at 1:15 PM, Employee C indicated the agency follows state rules and federal regulations but management staff was not aware that aide staff had to be entered and in good 	N0597	<p>Administrator and Clinical Supervisors will in-service office staff, clinical and field staff on Personnel and Survey deficiencies, review current appropriate policies and procedures and date revised policy and procedures approved by the Professional Advisory Board. This agency will do a pre-employment auditing of all new applicants. Files will be checked for compliance of State, Federal and Regulatory Guidelines, within five days of pre-employment process and before a field Skill Competency is scheduled. This agency will continue to verify applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings" and in Good Standing will be documented on the verification form from the On-Line Licensing Site for the State of Indiana. Any non-compliance in the files will be corrected immediately by the Adminstrator and/or Personnel Department. Home Health Aide F & G deficiency regarding "Good Standing, Findings/no Findings" on the State Home Health Aide Registry and current certification was corrected on July, 27, 2012</p>	08/24/2012	

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	<p>standing on the Indiana State Home Health Aide Registry to be employed in a Home Health Aide capacity. Employee C stated, "We thought that if a person was a certified nursing assistant and registered on the State Certified Nursing Assistant Registry, they were automatically put on the State Home Health Aide Registry and only people newly trained here to be Home Health Aides had to be entered on to the State Home Health Aide Registry."</p> <p>4. Agency policy "BMO HOME HEALTH CARE, INC. , POLICY AND PROCEDURE, PREEMPLOYMENT / EMPLOYMENT CRITERIA", undated, states, "All personnel requirements must be met per agency policy and procedure: -Verifying applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings", and in "Good Standing."</p> <p>5. Agency policy "Addendum - Personnel Policy", undated, states, "The Personnel Records of employee's home health services shall be kept current and shall include documentation of orientation to the job: A copy of current license, certification or registration or skills as appropriate for job title."</p> <p>6. Agency policy "PERSONNEL FILES FOR BMO HEALTH CARE STAFF",</p>		<p>to ensure that this deficiency did not have a potential affect on our patients' care. BMO will institute a Personnel Flow Sheet Form to include Finding/No Findings, Good Standing, current field staff personnel files expectations per Regulatory Guidelines and to show evidence that all new applicants was checked for Good Standing and Findings/no Findings. Personnel Department to audit all files for compliance by 08/24/2012 and continue monthly auditing for 3 months, then quarterly. Any non-compliance to regulatory or agency policies will be identified, documented and corrected immediately and re-audited within 5 days. All results will be submitted to the Administrator. "The Personnel Records" of employee's home health services shall be kept current and in compliance with State, Federal and Regulatory Guidelines. The responsible person's will be the Administrator and Personnel Department for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>				

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	undated, states, "The following information will be kept current in all field staff personnel file: -Current Home Health Aide Certified Letter." :			

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N0598	<p>410 IAC 17-14-1(l)(2) Scope of Services Rule 14 Sec. 1(l)(2) The home health agency shall maintain documentation which demonstrates that the requirements of this subsection and subsection (h) of this rule were met.</p> <p>Based on personnel file review, agency policy review, and interview, the agency failed to ensure documentation evidenced Home Health Aides were in good standing on the state Aide Registry in 2 (Employee F, G) of 2 Home Health Aide files reviewed with the potential to affect all patients receiving home health aide services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Personnel file F, date of hire 10-20-11 with initial patient contact 10-26-11, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. 2.. Personnel file G, date of hire 3-11-10 with initial initial patient contact 3-17-10, failed to evidence verification of the Home Health Aide being in good standing on the State Home Health Aide Registry. 3. In an interview 7-26-12 at 1:15 PM, Employee C indicated the agency follows state rules and federal regulations but 	N0598	<p>Administrator and Clinical Supervisors will in-service office staff, clinical and field staff on Personnel and Survey deficiencies, review current appropriate policies and procedures and date revised policy and procedures approved by the Professional Advisory Board. This agency will do a pre-employment auditing of all new applicants. Files will be checked for compliance of State, Federal and Regulatory Guidelines, within five days of pre-employment process and before a field Skill Competency is scheduled. This agency will continue to verify applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings" and in Good Standing will be documented on the verification form from the On-Line Licensing Site for the State of Indiana. Any non-compliance in the files will be corrected immediately by the Adminstrator and/or Personnel Department. Home Health Aide F & G deficiency regarding "Good Standing, Findings/no Findings" on the State Home Health Aide Registry and current certification</p>	08/24/2012	

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	<p>management staff was not aware that aide staff had to be entered and in good standing on the Indiana State Home Health Aide Registry to be employed in a Home Health Aide capacity. Employee C stated, "We thought that if a person was a certified nursing assistant and registered on the State Certified Nursing Assistant Registry, they were automatically put on the State Home Health Aide Registry and only people newly trained here to be Home Health Aides had to be entered on to the State Home Health Aide Registry."</p> <p>4. Agency policy "BMO HOME HEALTH CARE, INC. , POLICY AND PROCEDURE, PREEMPLOYMENT / EMPLOYMENT CRITERIA", undated, states, "All personnel requirements must be met per agency policy and procedure: -Verifying applicant prior to employment with the Indiana On-Line Licensing Site for the State of Indiana; "Findings/no Findings", and in "Good Standing."</p> <p>5. Agency policy "Addendum - Personnel Policy", undated, states, "The Personnel Records of employee's home health services shall be kept current and shall include documentation of orientation to the job: A copy of current license, certification or registration or skills as appropriate for job title."</p>		<p>was corrected on July, 27, 2012 to ensure that this deficiency did not have a potential affect on our patients' care. BMO will institute a Personnel Flow Sheet Form to include Finding/No Findings, Good Standing, current field staff personnel files expectations per Regulatory Guidelines and to show evidence that all new applicants was checked for Good Standing and Findings/no Findings. Personnel Department to audit all files for compliance by 08/24/2012 and continue monthly auditing for 3 months, then quarterly. Any non-compliance to regulatory or agency policies will be identified, documented and corrected immediately and re-audited within 5 days. All results will be submitted to the Administrator. "The Personnel Records" of employee's home health services shall be kept current and in compliance with State, Federal and Regulatory Guidelines. The responsible person's will be the Administrator and Personnel Department for monitoring the corrective action to ensure that this deficiency will not reoccur. Monitoring of this deficiency will be ongoing.</p>				

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	6. Agency policy "PERSONNEL FILES FOR BMO HEALTH CARE STAFF", undated, states, "The following information will be kept current in all field staff personnel file: -Current Home Health Aide Certified Letter." :			