

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157603	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/07/2012								
NAME OF PROVIDER OR SUPPLIER  CARING FIRST HOME HEALTH LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 28441 STATE ROUTE 1 W HARRISON, IN 47060										
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N0000	<p>This was a home health state licensure visit.</p> <p>Dates: 2/6/12 and 2/7/12</p> <p>Facility #: 11642</p> <p>Medicaid #: 200913100</p> <p>Surveyor: Susan E. Sparks, PH Nurse Surveyor</p> <p>Census by Service Type:</p> <table style="margin-left: 40px;"> <tr> <td>Skilled Patients</td> <td style="text-align: right;">103</td> </tr> <tr> <td>Home Health Aide Only Patients</td> <td style="text-align: right;">15</td> </tr> <tr> <td>Personal Service Only Patients</td> <td style="text-align: right;">57</td> </tr> <tr> <td><b>Total</b></td> <td></td> </tr> </table> <p>175</p>	Skilled Patients	103	Home Health Aide Only Patients	15	Personal Service Only Patients	57	<b>Total</b>		N0000			
Skilled Patients	103												
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<b>Total</b>													

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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N0456	<p>Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following:</p> <p>(1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care.</p> <p>(2) Resolve identified problems.</p> <p>(3) Improve patient care.</p> <p>Based on interview, the administrator failed to ensure there was a quality assurance program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolve identified problems and improve patient care in 1 of 1 agencies.</p> <p>Findings:</p> <p>On February 7, 2012, at 1 PM, the Director of Nursing, Employee A, indicated she had been in charge of quality assurance but had been promoted to Director of Nursing. In assuming these new duties, she had let the quality assurance program go to the wayside. This was brought to light in their recent accreditation visit and they are currently working on a plan of correction to put a quality assurance program in place.</p>	N0456	The Administrator will meet with the Director of Nursing/QI Coordinator to review the current QI Plan. The QI Coordinator is working on last quarter 2011 QI reports the week of 2/13/12 - 2/17/12 and will forward on to the Governing Body and the Administrator. The Administrator will request QI reports quarterly to prevent deficiency from occurring in the future.	03/01/2012	

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N0472	<p>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, the agency failed to ensure there was a quality assurance program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, resolve identified problems, and improve patient care in 1 of 1 agencies.</p> <p>Findings:</p> <p>On February 7, 2012, at 1 PM, the Director of Nursing, Employee A, indicated she had been in charge of quality assurance but had been promoted to Director of Nursing. In assuming these new duties, she had let the quality assurance program go to the wayside. This was brought to light in their recent accreditation visit and they are currently working on a plan of correction to put a quality assurance program in place.</p>	N0472	<p>The Administrator will meet with the Director of Nursing/QI Coordinator to review the current QI Plan. An office LPN was hired in order to lighten the workload of the Director of Nursing/QI Coordinator, in order for QI reports to be completed in a timely manner. The Director of Nursing/QI Coordinator will call upon the QI Committee for help with last quarter 2011's reports. The Administrator will request QI reports quarterly to prevent deficiency from occurring in the future.</p>	03/01/2012
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N0596	<p>Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows:</p> <p>(1) The home health aide shall:</p> <p>(A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and</p> <p>Based on personnel file review and interview, the agency failed to ensure the home health aides had completed a competency evaluation program prior to patient contact for 24 of 24 aide personnel files reviewed. (B, C, D, E, F, G, H, I, J, K, L, G, M, N, O, P, Q, R, S, T, U, V, W, Y)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Personnel record B, date of hire (DOH) 8/25/11, with first patient contact (FPC) 8/26/11, failed to evidence a complete competency skill evaluation.</li> <li>Personnel record C, DOH 10/22/09, with FPC 1/15/10, failed to evidence a complete competency skill evaluation.</li> <li>Personnel record D, DOH 3/1/11, with FPC 3/18/11, failed to evidence a complete competency skill evaluation.</li> <li>Personnel record E, DOH 10/22/09, with FPC 11/3/09, failed to evidence a</li> </ol>	N0596	The Administrator and Director of Nursing will ensure that each Home Health Aide successfully completes a competency evaluation prior to patient contact. The Home Health Aide will not be scheduled for patient care until a completed competency evaluation has been signed off by the Administrator or the Director of Nursing, to ensure deficiency doesn't occur in the future. The Administrator and Director of Nursing are currently working on completing competency evaluations for those employees listed in the deficiency.	03/09/2012			

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	<p>complete competency skill evaluation.</p> <p>5. Personnel record F, DOH 1/4/11, with FPC 1/12/11, failed to evidence a complete competency skill evaluation.</p> <p>6. Personnel record G, DOH 5/31/11, with FPC 6/7/11, failed to evidence a complete competency skill evaluation.</p> <p>7. Personnel record H, DOH 2/25/10, with FPC 3/9/10, failed to evidence a complete competency skill evaluation.</p> <p>8. Personnel record I, DOH 8/2/11, with FPC 8/5/11, failed to evidence a complete competency skill evaluation.</p> <p>9. Personnel record J, DOH 6/23/09, with FPC 7/2/09, failed to evidence a complete competency skill evaluation.</p> <p>10. Personnel record K, DOH 10/22/10, with FPC 11/17/10 failed to evidence a complete competency skill evaluation.</p> <p>11. Personnel record L, DOH 8/23/11, with FPC 8/31/11, failed to evidence a complete competency skill evaluation.</p> <p>12. Personnel record M, DOH 8/17/11, with FPC 8/18/11, failed to evidence a complete competency skill evaluation.</p>			

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	13. Personnel record N, DOH 12/9/11, with FPC 12/12/11, failed to evidence a complete competency skill evaluation.				
	14. Personnel record O, DOH 8/18/11, with FPC 8/24/11, failed to evidence a complete competency skill evaluation.				
	15. Personnel record P, DOH 4/14/10, with FPC 4/22/10, failed to evidence a complete competency skill evaluation.				
	16. Personnel record Q, DOH 9/10/09, with FPC 9/23/09, failed to evidence a complete competency skill evaluation.				
	17. Personnel record R, DOH 11/23/11, with FPC 11/30/11, failed to evidence a complete competency skill evaluation.				
	18. Personnel record S, DOH 7/18/11, with FPC 7/23/11, failed to evidence a complete competency skill evaluation.				
	19. Personnel record T, DOH 4/25/11, with FPC 4/27/11, failed to evidence a complete competency skill evaluation.				
	20. Personnel record U, DOH 8/3/11, with FPC 8/3/11, failed to evidence a complete competency skill evaluation.				
	21. Personnel record V, DOH 6/28/11, with FPC 7/11/11, failed to evidence a				

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	<p>complete competency skill evaluation.</p> <p>22. Personnel record W, DOH 8/26/09, with FPC 8/27/09, failed to evidence a complete competency skill evaluation.</p> <p>23. Personnel record Y, DOH 3/15/11, with FPC 4/1/11, failed to evidence a complete competency skill evaluation.</p> <p>24. Personnel record Z, DOH 9/21/11, with FPC 9/26/11, failed to evidence a complete competency skill evaluation.</p> <p>25. On February 7, 2012, at 3 PM, the Director of Nursing, Employee A, indicated the skills were not complete for any of the aides.</p>				

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N0597	<p>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 record review and interview, the agency failed to ensure the home health aide was entered on and in good standing on the state aide registry for 3 of 24 aide files reviewed. (G, O, and R)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Personnel record G, date of hire (DOH) 5/31/11, with first patient contact (FPC) 6/7/11, failed to evidence the agency had checked to see if the aide was entered on and in good standing on the state aide registry.</li> <li>2. Personnel record O, DOH 8/18/11, with FPC 8/24/11, failed to evidence the agency had checked to see if the aide was entered on and in good standing on the state aide registry.</li> <li>3. Personnel record R, DOH 11/23/11, with FPC 11/30/11, failed to evidence the agency had checked to see if the aide was entered on and in good standing on the state aide registry.</li> <li>4. On February 7, 2012, at 3 PM, the Director of Nursing, Employee A, indicated the aides were not on the state</li> </ol>	N0597	<p>The Home Health Aides in question (G &amp; O) were competencied on G--2/9/12 O--2/8/12 by the Administrator and Director of Nursing respectively. The Administrator completed the Home Health Aide registry registration form and faxed it to the ISDH on G--2/10/12 O--2/9/12. Personnel (R) Home Health Aide license is currently in good standing and active with dates of 11/25/11 thru 11/25/13. The Administrator will check licenses of all Home Health Aides every February and July to ensure they are active and in good standing, ensuring this deficiency will not occur in the future.</p>	03/01/2012			

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