

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157649	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/03/2013
NAME OF PROVIDER OR SUPPLIER AMERICAN HOME HEALTHCARE SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1035 WALL ST STE 104-C1 JEFFERSONVILLE, IN 47130		
(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	
N000000	<p>This visit was for a state home health relicensure survey.</p> <p>Survey dates: October 1-3, 2013</p> <p>Facility#: 012675</p> <p>Surveyor: Dawn Snider, RN, PHNS</p> <p>Census Service Type:</p> <p>Skilled Patients: 109 Home Health Aide Only Patients: 0 Personal Service Only Patients: 0 Total: 109</p> <p>Sample:</p> <p>RR w HV: 3 RR w/o HV: 2</p> <p>Total RR: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 8, 2013</p>	N000000			

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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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record and policy review, interview, and observation, the agency failed to ensure the care provided followed the plan of care orders for 1 of 3 active records reviewed (#1) with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. Clinical record #1, start of care 9/12/13, included a plan of care for the certification period 9/12/13- 11/10/13 with orders for "Skilled nurse to assess ... edema, peripheral circulation, angina. Skilled Nurse to observe and assess all body systems ... SN to assess skin for breakdown every visit."</p> <p>On 10/1/13 at 4:05 PM, during the home visit, the director of nursing (DON), performed a dressing change and assessment of the patient. The DON removed the kerlix dressing on the left leg and rewrapped with new dressings. The</p>	N000522	Consulting RN conducted one to one inservice with DON on Plan of Care, Case Management & Follow-up with specific focus on detailed assessment on each visit. The consultant especially focused to assess for edema, peripheral circulation, or observe for skin change or breakdown, when needed as per Plan of care. Alternate DON was assigned the task to periodically monitor the visit to make sure that the POC is properly followed and detailed assessment is done with every visit.	10/10/2013			

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	<p>DON did not roll up the patient's pant leg or remove the patient's shoe to assess the right leg for edema, peripheral circulation, or observe for skin changes or breakdown.</p> <p>2. The undated policy titled "CARE PLANNING PROCESS" states, "PURPOSE: To provide clinical direction to clinicians providing direct patient care. ... 1. Plan of Care: The clinical plan of care includes ... goals and interventions appropriate to each discipline, ... 5. The plan of care will be based upon the physician's (or other authorized licensed independent practitioner's) orders and will encompass the equipment, supplies, and services required to meet the patient's needs."</p> <p>3. On 10/3/13 at 12:50 PM, the DON indicated both legs should have been assessed during the visit.</p>				

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the medical plan of care (POC) was signed by the physician within 30 days as required by agency policy for 1 of 5 clinical records reviewed (#5) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p>	N000524	<p>Administrator developed a Physician Order / POC Tracking Sheet in consultation with DON and implemented it with immediate effect. DON conducted an in-service with Office Assistant who is responsible for Tracking of Physician Orders / POC to be signed within 30 days. Administrator is made responsible to review the Physician Order Tracking Sheet biweekly to make sure that the POC / Physician Orders are signed within 30 days.</p>	10/11/2013			

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	<p>1. Clinical record #5, start of care 6/5/13, included a POC for the certification period 8/4/13 to 10/2/13 that evidenced the physician signature dated 9/10/13.</p> <p>2. The undated policy titled "VERIFICATION OF PHYSICIAN ORDERS" states, "10. Signed orders will be placed in the clinical record within 30 days of initiation of the order, unless otherwise specified by applicable state law and regulation."</p> <p>3. On 10/3/13 at 2: 30 PM, the director of nursing indicated the POC had not been signed within 30 days.</p>			

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N000537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows:</p> <p>Based on clinical record review and policy review, observation, and interview, the agency failed to ensure skilled nursing services were provided in accordance with the plan of care for 1 of 3 (#1) active records reviewed of patients with skilled nursing services with the potential to affect all the agency's patients who received skilled nursing services.</p> <p>The findings include:</p> <p>1. Clinical record #1, start of care 9/12/13, included a plan of care for the certification period 9/12/13- 11/10/13 with orders for "Skilled nurse to assess ... edema, peripheral circulation, angina. Skilled Nurse to observe and assess all body systems ... SN to assess skin for breakdown every visit."</p> <p>On 10/1/13 at 4:05 PM, during the home visit, the director of nursing (DON), performed a dressing change and assessment of the patient. The DON removed the kerlix dressing on the left leg and rewrapped with new dressings. The</p>	N000537	Consulting RN conducted one to one inservice with DON on Plan of Care, Case Management & Follow-up with specific focus on detailed assessment on each visit. The consultant especially focused to assess for edema, peripheral circulation, or observe for skin change or breakdown, when needed as per Plan of care. Alternate DON was assigned the task to periodically monitor the visit to make sure that the POC is properly followed and detailed assessment is done with every visit.	10/10/2013			

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