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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15K050 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/01/2011 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>MAXIM HEALTHCARE SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1614 E DAY RD<br>MISHAWAKA, IN46545 |
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|--------------------|---|---------------|---|----------------------|
| G0000              | <p>This was a federal home health agency complaint investigation survey.</p> <p>Complaint #: IN 00099287 - Substantiated: Federal deficiencies related to the allegation are cited. Unrelated deficiencies are also cited.</p> <p>Survey Date: December 1, 2011</p> <p>Facility License # 0012154</p> <p>Medicaid vendor #: 200484160D</p> <p>Surveyor: Bridget Boston, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>December 8, 2011</p> | G0000         |   |                      |
| G0158              | <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record review, policy review, and interview, the agency failed to ensure the personal care services and visits were provided as ordered on the plan of care for 1 of 5 clinical records reviewed (# 4) with the potential to affect all the patients of the agency.</p>                                      | G0158         | <p>G0158 The Account Manager has audited all client schedules as entered into a computer scheduling program to insure all allocated hours as ordered on the plan of care are accounted for. All open/unfilled shifts are documented on a shared calendar which is updated on an ongoing basis. As shifts become open they are added to the shared calendar; when filled they are removed from the</p> | 12/09/2011           |

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>Findings include:</p> <p>1. The agency policy titled "Home Health Certification and Plan of Care" with revision date 12/29/10 states, "To provide direct care staff with the physician ordered treatments, procedures, medications, and services required to meet the patient's needs."</p> <p>2. Clinical record # 4, start of care 11/1/10 with a plan of care for the certification period 8/28/11 - 10/26/11, included orders for the personal care services 4 - 7 hours a day, 5 - 7 days a week, for a total of 27 - 44 hours per week for 9 weeks and a plan of care for the certification period 10/27/11 through 12/25/11 for personal care services for 5-7 days a week for a total of 23 - 39 hours a week for 9 weeks with orders to assist with all activities of daily living, dressing, hair care, skin care, foot care; to assist with transfers, and mobility; and complete meal prep, and light housekeeping. The clinical record</p> |   | <p>shared calendar and the assigned staff entered into the individual client's schedule. When it is not possible to staff a shift the client and/or patient caregiver will be notified and a Missed Shift/Visit form will be completed by the Account Manager or designee. The primary care physician will be notified of all missed shifts and supplemental physician's orders written for services that fall outside of the parameters set by the plan of care by the Director of Clinical Services or designee. 100% of client schedules and the shared calendar will be audited on a weekly basis for evidence that all hours as ordered on the plan of care for each client have staff assigned and that proper notification of client, patient caregiver and primary care physician has been accomplished. The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> |                      |   |

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|   | <p>failed to evidence the ordered frequency or hours for the personal care service was provided during 3 of the 9 weeks for the certification period 8/28/11 through 10/26/11 and for the first 3 weeks of the current 9 week certification period:</p> <p>A. Week 6: 10/2/11 - 10/8/11 -<br/>The clinical record visits notes evidenced 4 days of service was provided on 10/2, 10/3, 10/4, and 10/5/11 which did not meet the frequency ordered on the POC.</p> <p>B. Week 8: 10/16 - 10/22/11 -<br/>The clinical record evidenced only one visit note dated 10/21/11 from 12 PM to 5 PM which did not meet the frequency and hours ordered on the POC.</p> <p>C. Week 9: 10/23/11 - 10/26/11<br/>- The record failed to evidence any visit notes.</p> <p>Pertaining to the current certification period 10/27/11 through 12/25/11:</p> |   |   |                      |   |

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|   | <p>D. Week 1: 10/27/11 - 10/29/11 - Visit notes evidenced only 7.5 hours of service was provided on 10/28/11.</p> <p>E. Week 2: 10/30/11 - 11/5/11 - Visit notes evidenced 8 hours were provided on 10/31/11 and 12 hours were provided on 11/4/11.</p> <p>F. Week 3: 11/6/11 - 11/12/11 - The visit notes evidenced only 1 hour of service was provided on 11/8, 11/9, and 11/10, for a total of 3 hours for the week.</p> <p>3. On December 1, 2011, at 3:50 PM, employee H indicated the clinical visit notes from October 15, 2011, to the present have not been filed into clinical record # 4.</p> |   |   |                      |   |

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| G0236   | <p>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>Based on clinical record review and interview, the agency failed to ensure all documents were filed timely in the clinical record for 1 of 5 clinical records reviewed (# 4) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record # 4, start of care 11/1/10 with a plan of care for the certification period 8/28/11 - 10/26/11, included orders for the personal care services 4 - 7 hours a day, 5 - 7 days a week, for a total of 27 - 44 hours per week for 9 weeks and a plan of care for the certification period 10/27/11 through 12/25/11 for personal care services for 5-7 days a week for a</p> | G0236   | G236 The Director of Clinical Services has inserviced Clinical Supervisors that documentation must be filed in the patient's medical record within 14 days of the shift/visit. 100% of medical records have been audited to ensure documentation meets this standard. 10% of all medical records will be audited quarterly for evidence that documentation is being filed within 14 days of the shift/visit. The Director of Clinical Services will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur. | 12/16/2011           |   |

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|   | <p>total of 23 - 39 hours a week for 9 weeks with orders to assist with all activities of daily living, dressing, hair care, skin care, foot care; to assist with transfers, and mobility; and complete meal prep, and light housekeeping.</p> <p>Related to the certification period 8/28/11 through 10/26/11:</p> <p>A. Week 6: 10/2/11 - 10/8/11 - There was no documentation in the clinical record to evidence all 5 days of visits were provided. Visits notes evidenced 4 days of service was provided on 10/2, 10/3, 10/4, and 10/5/11 which did not meet the frequency ordered on the POC.</p> <p>B. Week 8: 10/16 - 10/22/11 - There was no documentation in the clinical record to evidence all 5 days of visits were provided. The clinical record evidenced only one visit note dated 10/21/11 from 12 PM to 5 PM which did not meet the frequency and hours ordered on the POC.</p> |   |   |  |  |   |  |

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| N0522   | <p>C. Week 9: 10/23/11 - 10/26/11<br/>- The record failed to evidence any visit notes.</p> <p>Pertaining to the current certification period 10/27/11 through 12/25/11:</p> <p>D. Week 3: 11/6/11 - 11/12/11 -<br/>The record failed to evidence the ordered number of hours were provided. The visit notes evidenced only 1 hour of service was provided on 11/8, 11/9, and 11/10, for a total of 3 hours for the week.</p> <p>2. On December 1, 2011, at 3:50 PM, employee H indicated the clinical visit notes from October 15, 2011, to the present have not been filed into clinical record # 4.</p> <p>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:<br/>Based on clinical record review, policy review, and interview, the</p> | N0522   | N0522 The Account Manager has audited all client schedules as entered into a computer                           | 12/09/2011           |   |

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|   | <p>agency failed to ensure the personal care services and visits were provided as ordered on the plan of care for 1 of 5 clinical records reviewed (# 4) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The agency policy titled "Home Health Certification and Plan of Care" with revision date 12/29/10 states, "To provide direct care staff with the physician ordered treatments, procedures, medications, and services required to meet the patient's needs."</li> <li>2. Clinical record # 4, start of care 11/1/10 with a plan of care for the certification period 8/28/11 - 10/26/11, included orders for the personal care services 4 - 7 hours a day, 5 - 7 days a week, for a total of 27 - 44 hours per week for 9 weeks and a plan of care for the certification period 10/27/11 through 12/25/11 for personal care services for 5-7 days a week for a</li> </ol> |   | <p>scheduling program to insure all allocated hours as ordered on the plan of care are accounted for. All open/unfilled shifts are documented on a shared calendar which is updated on an ongoing basis. As shifts become open they are added to the shared calendar; when filled they are removed from the shared calendar and the assigned staff entered into the individual client's schedule. When it is not possible to staff a shift the client and/or patient caregiver will be notified and a Missed Shift/Visit form will be completed by the Account Manager or designee. The primary care physician will be notified of all missed shifts and supplemental physician's orders written for services that fall outside of the parameters set by the plan of care by the Director of Clinical Services or designee. 100% of client schedules and the shared calendar will be audited on a weekly basis for evidence that all hours as ordered on the plan of care for each client have staff assigned and that proper notification of client, patient caregiver and primary care physician has been accomplished. The Director of Clinical Services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p> |                      |   |

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|   | <p>total of 23 - 39 hours a week for 9 weeks with orders to assist with all activities of daily living, dressing, hair care, skin care, foot care; to assist with transfers, and mobility; and complete meal prep, and light housekeeping. The clinical record failed to evidence the ordered frequency or hours for the personal care service was provided during 3 of the 9 weeks for the certification period 8/28/11 through 10/26/11 and for the first 3 weeks of the current 9 week certification period:</p> <p>A. Week 6: 10/2/11 - 10/8/11 - The clinical record visits notes evidenced 4 days of service was provided on 10/2, 10/3, 10/4, and 10/5/11 which did not meet the frequency ordered on the POC.</p> <p>B. Week 8: 10/16 - 10/22/11 - The clinical record evidenced only one visit note dated 10/21/11 from 12 PM to 5 PM which did not meet the frequency and hours ordered on the POC.</p> |   |   |                      |   |

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|   | <p>C. Week 9: 10/23/11 - 10/26/11<br/>- The record failed to evidence any visit notes.</p> <p>Pertaining to the current certification period 10/27/11 through 12/25/11:</p> <p>D. Week 1: 10/27/11 - 10/29/11<br/>- Visit notes evidenced only 7.5 hours of service was provided on 10/28/11.</p> <p>E. Week 2: 10/30/11 - 11/5/11 -<br/>Visit notes evidenced 8 hours were provided on 10/31/11 and 12 hours were provided on 11/4/11.</p> <p>F. Week 3: 11/6/11 - 11/12/11 -<br/>The visit notes evidenced only 1 hour of service was provided on 11/8, 11/9, and 11/10, for a total of 3 hours for the week.</p> <p>3. On December 1, 2011, at 3:50 PM, employee H indicated the clinical visit notes from October 15, 2011, to the present have not been filed into clinical record # 4.</p> |   |   |                      |   |

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| N0608   | <p>Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information.<br/>                     (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist.<br/>                     (3) Drug, dietary, treatment, and activity orders.<br/>                     (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days.<br/>                     (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care.<br/>                     (6) A discharge summary.</p> <p>Based on clinical record review and interview, the agency failed to ensure all documents were filed timely in the clinical record for 1 of 5 clinical records reviewed (# 4) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record # 4, start of care 11/1/10 with a plan of care for the</p> | N0608   | N0608 The Director of Clinical Services has inserviced Clinical Supervisors that documentation must be filed in the patient's medical record within 14 days of the shift/visit. 100% of medical records have been audited to ensure this standard has been met. 10% of all medical records will be audited quarterly for evidence that documentation is being filed within 14 days of the shift/visit. The Director of Clinical Services will be responsible for monitoring this corrective action to ensure that this deficiency is corrected and will not recur. | 12/16/2011           |   |

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|   | <p>certification period 8/28/11 - 10/26/11, included orders for the personal care services 4 - 7 hours a day, 5 - 7 days a week, for a total of 27 - 44 hours per week for 9 weeks and a plan of care for the certification period 10/27/11 through 12/25/11 for personal care services for 5-7 days a week for a total of 23 - 39 hours a week for 9 weeks with orders to assist with all activities of daily living, dressing, hair care, skin care, foot care; to assist with transfers, and mobility; and complete meal prep, and light housekeeping.</p> <p>Related to the certification period 8/28/11 through 10/26/11:</p> <p>A. Week 6: 10/2/11 - 10/8/11 - There was no documentation in the clinical record to evidence all 5 days of visits were provided. Visits notes evidenced 4 days of service was provided on 10/2, 10/3, 10/4, and 10/5/11 which did not meet the frequency ordered on the POC.</p> |   |   |                      |   |

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|   | <p>B. Week 8: 10/16 - 10/22/11 - There was no documentation in the clinical record to evidence all 5 days of visits were provided. The clinical record evidenced only one visit note dated 10/21/11 from 12 PM to 5 PM which did not meet the frequency and hours ordered on the POC.</p> <p>C. Week 9: 10/23/11 - 10/26/11 - The record failed to evidence any visit notes.</p> <p>Pertaining to the current certification period 10/27/11 through 12/25/11:</p> <p>D. Week 3: 11/6/11 - 11/12/11 - The record failed to evidence the ordered number of hours were provided. The visit notes evidenced only 1 hour of service was provided on 11/8, 11/9, and 11/10, for a total of 3 hours for the week.</p> <p>2. On December 1, 2011, at 3:50 PM, employee H indicated the</p> |   |   |                      |   |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |  | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15K050 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____  |                      | X3) DATE SURVEY COMPLETED<br><br>12/01/2011 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>MAXIM HEALTHCARE SERVICES INC |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1614 E DAY RD<br>MISHAWAKA, IN46545                                    |                      |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 |   |
|   | clinical visit notes from October 15, 2011, to the present have not been filed into clinical record # 4.               |   |   |                      |   |