

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/24/2012	
NAME OF PROVIDER OR SUPPLIER TENDER LOVE HOME SERVICES LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 5401 BROADWAY SUITE C MERRILLVILLE, IN 46410			
(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 visit was for a home health initial Medicaid certification survey.</p> <p>Facility: 12801</p> <p>Medicaid Vendor #: N/A.</p> <p>Dates of Survey: August 22, 23, and 24, 2012.</p> <p>Number of unduplicated skilled admissions: 12.</p> <p>Number of records reviewed: 10.</p> <p>Number of active records reviewed: 09.</p> <p>Number of closed records reviewed: 1</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">August 29, 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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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, policy review, and interview, the agency failed to ensure appropriate staff were available to meet the patient's needs in the home in 1 of 10 records reviewed with the potential to affect all the agency's patients. (#3.)</p> <p>Findings:</p> <p>1. Review of clinical record #3, Start of Care (SOC) 6-26-12, certification period 6-26-12 to 8-24-12, included a had a SN (skilled nursing) note dated 7-2-12 in which the skilled nurse documented patient to have "depression at intervals due to a recent loss of relative and separation of her husband, nurse attempts to encourage her on each visit."</p> <p>A. In a note dated 7-9-12, the skilled nurse documented patient to be "concerned about financial status and expresses to nurse crying. She is afraid a hardship will occur due to recent husband abandoned her and [family member] and</p>	G0157	<p>Patient had depression which medication is in the home to treat for her depression. Since our survey she has improved. No depression noted. Her financial status has improved due to family and friends contributing to her financial need. The agency communicated with physician and made him aware of the problem. No new orders given. We are in the process of trying to recruit a social worker, for our services. This way if this problem occurs again we will be able to meet the need for any client that has the need for a social worker. Until we get a social worker, we will refer all problems to the physician to address the issue. Tender Love Home Services, LLC also had an inservice with staff to report any changes in clients mood or signs or symptoms of depression to the office. The Agency will accept clients we can provide total services for. We also instituted a new form for social worker issues to be communicated to responsible parties. WillieAnn Parker, Administrator and Donna Shaw, Asst. Administrator will be responsible for making sure the social and emotional needs are</p>	09/05/2012			

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	<p>will soon need assistance with food, medication refills etc. Patient is attempting to seek help in these areas and has a high level of anxiety."</p> <p>B. No intervention was documented in the medical record for the concerns identified by the patient.</p> <p>2. On 8-24-12 at 12 Noon, Employee B indicated the agency did not have a social worker on staff and did not have a social worker under contract to provide services. Employee B indicated the patient may have benefited from a social worker referral and the patient's needs were not met by the agency in this case.</p> <p>3. Review of "TENDER LOVE HOME SERVICES POLICIES - Acceptance of Patients, Plan of Care, and Medical Supervision Policy", dated April 6, 2012, states, "Patients are accepted for treatment on the basis of 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>addressed as soon as possible. We will communicate with Skilled Nursing responsible for taking care of the client. To ensure all needs are met and safety is maintained. We will monitor client weekly to ensure that intervention is effective. We will also include her in our Quality Assurance every quarter for six (6) months. After that time frame we will determine if follow-up is needed.</p>				

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