

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157599		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/29/2012	
NAME OF PROVIDER OR SUPPLIER HEARTS WITH INTEGRITY				STREET ADDRESS, CITY, STATE, ZIP CODE 603 E NORTH STREET HARTFORD CITY, IN 47348			
(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 was a federal Home Health complaint investigation.</p> <p>Complaint # IN00106881 - Substantiated: Federal deficiencies related to the allegation are cited</p> <p>Survey date: May 29, 2012</p> <p>Facility #: 006650</p> <p>Medicaid #: 200903000</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 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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G0229	<p>484.36(d)(2) SUPERVISION</p> <p>The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.</p> <p>Based on clinical record review, and interview, the agency failed to ensure the registered nurse and/or physical therapist completed a Home Health Aide supervisory visit every 14 days for 1 of 1 record reviewed of patients receiving skilled and Home Health Aide services for longer than 14 days. (#7)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical Record #7, start of care 12/22/11, included a plan of care for the certification period with orders for skilled nurse, PT (physical therapy), OT (occupational therapy, and; HHA (home health aide) services beginning 1/5/12. The SN completed a supervisory visit on 1/12/12 and SN services were discontinued. PT and OT services continued. The record failed to evidence another HHA supervisory visit was made until 2/1/12. On 5/29/12 at 3:40 PM, employee A indicated the HHA supervisory visit should have been completed on 2/27/12 when PT and OT were visiting the patient. 	G0229	<p>G 0229 On Thursday, May 31, 2012, Director of Nurses spoke face to face to Physical Therapist about missed home health aide Supervisory Visit and (G 229 484.36(d)(2) Supervision). On Monday, June 04, 2012, Director of Nurses performed an In-Service for all Registered Nurses, Occupational Therapist and Physical Therapist on (G 229 484.36(d)(2) Supervision). The registered nurse (or another professional described in paragraph (d)(1) of this section must make an on-site home health aide supervisory visit to the patients home no less frequently than every 2 weeks. A copy of Federal Regulations G228 484.36(d)(1), G229 484.36(d)(2), G230 484.36(d)(3) and a copy of Hearts With Integrity policy on HHA supervision, supervision of staff and clinical supervision was given to all Registered Nurses, Occupational Therapist and Physical Therapist during the In-Service on June 04, 2012. On June 04, 2012, all Registered Nurses, Physical Therapist and Occupational Therapist signed the in-service sheet stating they understand (G 229 484.36(d)(2) Supervision). The registered</p>	06/04/2012			

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			nurse (or another professional described in paragraph (d)(1) of this section must make an on-site home health aide supervisory visit to the patients home no less frequently than every 2 weeks and if a Home Health Aide Supervisory Visit is missed, Hearts With Integrity will follow the disciplinary policy and procedure. ALL RNs, PT and OT signed an agreement that they will perform a Home Health Aide Supervisory Visit with each visit performed (no less frequent than every two (2) weeks. 100 percent of all clinical records will be audited for the next 60 days to ensure Home Health Aide Supervisory visits are being performed according to State and Federal Regulations (G 229 484.36(d)(2) Supervision). After the 60 days, at least 10 percent of all clinical records will be audited quarterly to ensure Home Health Aide Supervisory visits are being performed according to State and Federal Regulations (G 229 484.36(d)(2) Supervision). The Administrator will review random clinical records with the Director of Nurses every month, for the next three months to ensure Home Health Aide Supervisory visits are being performed according to State and Federal Regulations (G 229 484.36(d)(2) Supervision). Director of Nurses will ensure that (G 229 484.36(d) (2) Supervision). The registered nurse (or another professional		

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			described in paragraph (d)(1) of this section must make an on-site home health aide supervisory visit to the patients home no less frequently than every 2 weeks is checked during every Clinical Record Review. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

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N0000	<p>This was a state Home Health complaint investigation.</p> <p>Complaint # IN00106881 - Substantiated: No deficiencies related to the allegation are cited.</p> <p>Survey date: May 29, 2012</p> <p>Facility #: 006650</p> <p>Medicaid #: 200903000</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 30, 2012</p>	N0000			