

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157113	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/11/2012
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NAME OF PROVIDER OR SUPPLIER  INDIANA HOME CARE PLUS	STREET ADDRESS, CITY, STATE, ZIP CODE 300 N WASHINGTON CRAWFORDSVILLE, IN 47933
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G0000	<p>This was a revisit for an extended home health federal recertification survey conducted 3/28/12.</p> <p>Survey date: May 11, 2012</p> <p>Facility #005304</p> <p>Medicaid Vendor: # <b>100263820A</b></p> <p>Surveyors: Bridget Boston, RN, PHNS - team leader Marty Coons, RN, PHNS - team member</p> <p>Sample: Record review: 6 Total record reviews: 6</p> <p>During this survey, nine standard level deficiencies were corrected and two standard level deficiencies were recited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 17, 2012</p> <p>This survey was modified as the result of an IDR 5/23/12. je</p>	G0000		
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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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G0113	<p>484.10(e)(1) PATIENT LIABILITY FOR PAYMENT The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient.</p> <p>Based on admission document, clinical record, and policy review and interview, the agency failed to ensure the patient was clearly informed, prior to services, of the potential extent to which payment may be required from the patient and documentation was stored in the clinical record for 6 (#s 14, 15, 16, 17, 18, and 19) of 6 clinical records reviewed of patients admitted to the agency after 4/26/12.</p> <p>Findings include:</p> <p>1. Clinical record review # 14, start of care (SOC) 5/8/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/8/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p>	G0113	<p><b>G - 113 The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient. Please note that the Surveyor added the words "clearly" and "potential" to the deficiency statement. Employee H would not have stated that she directs patients to call the billing department at the Greencastle Branch office, as the Reimbursement Office does not have a direct line. The Surveyor acknowledged in her narrative that the "Admission" and "Patient Rights" policies are in place. None of the patients selected by the Surveyor, and identified in the findings, (#14, #15, #16, #17, #18, and #19), were subject to potential charges that the patient might be required to pay for home health services. G113 The RN or PT, during the admission process, explains the extent to which payment</b></p>	06/11/2012			

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	<p>2. Clinical record review # 15, SOC 5/8/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/8/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>3. Clinical record review # 16, SOC 5/2/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/2/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>4. Clinical record 17, SOC 4/27/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a</p>		<p><b>for the home health services may be expected from Medicare or other sources, and to the extent to which payment may be required from the patient. The patient acknowledges receipt of the funding information, prior to the start of care, with his/her signature and date, on the admission booklet that is used during the admission process. The documentation form, "Home Care Coverage" is a two part carbonless form, bound in the Admission Booklet used during the admission process, so as to prompt/assure that this procedure is completed prior to the start of care. After the completion and before the start of care, the carbonless copy is left in the home with the patient and the original form is returned to the patient record. The patient also signs the "Rights/Responsibilites and Consent" form during the admission process, which includes # 10 "The client has the right to be informed orally and in writing about all items and services that IHCP furnishes in return for payment, about any coverage available for such items....and any charges he/she may have to pay.100% of all clinical records will continue to be</b></p>		

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	<p>document titled "Home Care Coverage" dated 4/27/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>5. Clinical record # 18, SOC 4/27/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 4/27/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>6. Clinical record # 19, SOC 5/1/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/1/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services</p>		<p><b>audited for evidence that the RN or PT, during the admission process, documents the patient's notification of the extent to which payment for the home health services may be expected from Medicare or other sources, and to the extent to which payment may be required from the patient. The Director of Clinical Services is responsible for the ongoing monitoring and compliance of the patient's notification of the extent to which payment for the home health services may be expected from Medicare or other sources, and to the extent to which payment may be required from the patient.</b></p>				

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	<p>provided.</p> <p>7. On May 11, 2012, at 11 AM, employee H indicated she had admitted patients to the agency for home health services and she informs the patient of potential costs at admission if she was informed by the billing department prior to the admission. She indicated she directs the patients to call the billing office at the Greencastle branch if they have further questions or concerns regarding potential costs.</p> <p>8. On May 11, 2012, at 1:37 PM, the administrator indicated the documents titled "Home Care Coverage" stood as the evidence the patient were informed of their potential charges.</p> <p>9. The policy dated May 2003 titled "Admission" stated, "3.0 Policy / Procedure ... 3.3 during the initial evaluation / assessment, the admitting professional ... 3.3.2 Presents and explains to the patient and his / her representative, before the initiation of care ... 3.3.2.2 Service or financial agreement, any financial liability."</p> <p>10. The policy dated May 2006 titled "Patient Rights" stated, "3.2.2 provides the patient with home care coverage agreement and informs the patient about</p>						

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	the extent to which payment for his / her services may be expected from Medicare / Medicaid, or any other federally funded program known to the agency. The charges for services that will not be covered by Medicare. Charges that the patient may have to pay. ... The admitting professional signs and dates the form and files it in the clinical record."			

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G0114	<p>484.10(e)(1)(i-iii) PATIENT LIABILITY FOR PAYMENT Before the care is initiated, the HHA must inform the patient, orally and in writing, of:</p> <p>(i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA;</p> <p>(ii) The charges for services that will not be covered by Medicare; and</p> <p>(iii) The charges that the individual may have to pay.</p> <p>Based on admission document, clinical record, and policy review and interview, the agency failed to ensure the patient was clearly informed, prior to services, of the potential extent to which payment may be required from the patient and documentation was stored in the clinical record for 6 (#s 14, 15, 16, 17, 18, and 19) of 6 clinical records reviewed of patients admitted to the agency after 4/26/12.</p> <p>Findings include:</p> <p>1. Clinical record review # 14, start of care (SOC) 5/8/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/8/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required</p>	G0114	<p>G - 114 Before the care is initiated, the HHA must inform the patient, orally and in writing of the extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; the charges for services that will not be covered by Medicare; and the charges that the individual may have to pay. Never during home visits, did the Surveyor ask the patient whether the HHA had notified him/her of coverage for services...nor did the Surveyor look for a written statement in the home, as suggested in the Interpretive Guidelines. <b>Please note that the Surveyor added the words "clearly" and "potential" to the deficiency statement. Employee H would not have stated that she directs patients to call the billing department at the Greencastle Branch office, as the Reimbursement Office does not have a direct line. The Surveyor acknowledged in her</b></p>	06/11/2012			

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	<p>to pay for the home health services provided.</p> <p>2. Clinical record review # 15, SOC 5/8/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/8/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>3. Clinical record review # 16, SOC 5/2/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/2/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>4. Clinical record 17, SOC 4/27/12, failed to evidence the patient was informed of any potential charges for the</p>		<p><b>narrative that the "Admission" and "Patient Rights" policies are in place. None of the patients selected by the Surveyor, and identified in the findings, (#14, #15, #16, #17, #18, and #19), were subject to potential charges that the patient might be required to pay for home health services. G114 The RN or PT, during the admission process, explains the extent to which payment for the home health services may be expected from Medicare or other sources, and to the extent to which payment may be required from the patient. The patient acknowledges receipt of the funding information, prior to the start of care, with his/her signature and date, on the admission booklet that is used during the admission process. The documentation form, "Home Care Coverage" is a two part carbonless form, bound in the Admission Booklet used during the admission process, so as to prompt/assure that this procedure is completed prior to the start of care. After the completion and before the start of care, the carbonless copy is left in the home with the patient and the original form is returned to the patient record. The patient also signs the</b></p>				

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	<p>home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 4/27/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>5. Clinical record # 18, SOC 4/27/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 4/27/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>6. Clinical record # 19, SOC 5/1/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 5/1/12 and signed by the patient. The document failed to evidence the</p>		<p><b>"Rights/Responsibilites and Consent" form during the admission process, which includes # 10 "The client has the right to be informed orally and in writing about all items and services that IHCP furnishes in return for payment, about any coverage available for such items....and any charges he/she may have to pay.100% of all clinical records will continue to be audited for evidence that the RN or PT, during the admission process, documents the patient's notification of the extent to which payment for the home health services may be expected from Medicare or other sources, and to the extent to which payment may be required from the patient. The Director of Clinical Services is responsible for the ongoing monitoring and compliance of the patient's notification of the extent to which payment for the home health services may be expected from Medicare or other sources, and to the extent to which payment may be required from the patient.</b></p>		

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	<p>patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>7. On May 11, 2012, at 11 AM, employee H indicated she had admitted patients to the agency for home health services and she informs the patient of potential costs at admission if she was informed by the billing department prior to the admission. She indicated she directs the patients to call the billing office at the Greencastle branch if they have further questions or concerns regarding potential costs.</p> <p>8. On May 11, 2012, at 1:37 PM, the administrator indicated the documents titled "Home Care Coverage" stood as the evidence the patient were informed of their potential charges.</p> <p>9. The policy dated May 2003 titled "Admission" stated, "3.0 Policy / Procedure ... 3.3 during the initial evaluation / assessment, the admitting professional ... 3.3.2 Presents and explains to the patient and his / her representative, before the initiation of care ... 3.3.2.2 Service or financial agreement, any financial liability."</p> <p>10. The policy dated May 206 titled</p>				

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	"Patient Rights" stated, "3.2.2 provides the patient with home care coverage agreement and informs the patient about the extent to which payment for his / her services may be expected from Medicare / Medicaid, or any other federally funded program known to the agency. The charges for services that will not be covered by Medicare. Charges that the patient may have to pay. ... The admitting professional signs and dates the form and files it in the clinical record."			