

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157652	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/31/2013
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NAME OF PROVIDER OR SUPPLIER  HOME HEALTH CARE ASSOCIATES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2038 W 2ND STREET MARION, IN 46952
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N000000	<p>This visit was for a state home health relicensure survey.</p> <p>Survey dates: October 29-31, 2013</p> <p>Facility #: 012169</p> <p>Medicaid #: 200969480</p> <p>Surveyors: Tonya Tucker, RN, PHNS and Bridget Boston, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 7, 2013</p>	N000000		
N000442	<p>410 IAC 17-12-1(b) Home health agency administration/management Rule 12 Sec. 1(b) A governing body, or designated person(s) so functioning, shall assume full legal authority and responsibility for the operation of the home health agency. The governing body shall do the following: (1) Appoint a qualified administrator. (2) Adopt and periodically review written bylaws or an acceptable equivalent. (3) Oversee the management and fiscal affairs of the home health agency. Based on personnel file review, agency document review, and interview, the agency failed to ensure the governing body appointed an administrator who was qualified creating the potential to</p>	N000442		12/13/2013

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>affect all 81 patients of the agency. (employee C)</p> <p>Findings include:</p> <p>1. Personnel file for employee C, administrator, date of hire 4/18/11, contained a job description dated 7/29/13 titled "Position: Administrator" which states, "QUALIFICATIONS Baccalaureate degree in nursing, health service administration, business administration or equivalent experience, or related field. Masters degree preferred. Five (5) years experience in positions of increasing responsibility in business, preferably in health care. Minimum of two (2) years experience in supervisory or administrative positions. ... Knowledge of the regulatory requirements at the state, federal, and local level. Knowledge of business management."</p> <p>A. The document titled "Application for Employment" dated 4/8/11 states, "Education History COLLEGE [Name and location of school] YEARS ATTENDED 5 DID YOU GRADUATE? May 2011 SUBJECTS STUDIED Spanish Pre-Med ... Former Employers (list below last four employers, starting with last one first) FROM 8/1/08 TO present [Name and</p>		<p>Before an individual is offered employment, human resource personnel will vet an individual's qualifications to ensure they meet minimum requirements for the position. The agency's minimum requirements for a qualified administrator are that they be either a licensed physician, registered nurse, has training and experience in health service administration and at</p>	

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	<p>Address of Employer] [salary] POSITION CNA [certified nursing assistant]."</p> <p>B. The undated document titled "Pre-Employment Application" states, "Position applied for: Financial Assistant."</p> <p>2. On 10/29/13 at 3:55 PM, employee C indicated having no supervisory or management experience.</p>		<p>least</p> <p>one year of supervisory or administrative experience in home health care or related health programs.</p> <p>The company CEO will monitor this</p>		

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N000444	<p>410 IAC 17-12-1(c)(1) Home health agency administration/management Rule 12 Sec. 1(c) An individual need not be a home health agency employee or be present full time at the home health agency in order to qualify as its administrator. The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (1) Organize and direct the home health agency's ongoing functions. Based on personnel file review, observation, agency policy and procedure and document review, and interview, the agency failed to ensure the administrator was aware agency documents were not accurate, medical records could not be accessed by non employees who were not contracted by the agency, the administrator had access to personnel files, and agency management had access to medical record information in 1 of 1 agency's reviewed creating the potential to affect all 81 patients of the agency.</p> <p>Findings include:</p> <p>1. On 10/29/13 at 9 AM, employee C indicated being administrator of the home health agency.</p> <p>Personnel file for employee C evidenced a job description signed and</p>	N000444	<p>N-444</p> <p>1. The Board of Directors will review all Administrator applicants to ensure they meet minimum requirements for the position. The agencies minimum requirements for the positions are that the applicant is either a licensed physician, RN, has training and experience in health service administration and at least one year of supervisory or administrative</p>	12/16/2013

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	<p>dated 7/29/13 titled "Position: Administrator" which states, "ESSENTIAL FUNCTIONS 1. Identifies and implements the organizational structure. 2. Plans, organizes, and directs the Agency's ongoing functions. 3. Directs and coordinates the overall development and administration of the agency consistent with the agency mission and available resources, and the involvement of the agency staff and participation of the professional advisory board. ... 5. Provides direction in formulating the programs and policies. ... 9. Assures the accuracy of public information materials and promotional activities. ... 14. Participates in the hiring, orientation, and development of management staff. 15. Directs daily business activities of the agency and assures development of systems that support recruitment, hiring and the ongoing professional development of agency staff. ... ."</p> <p>2. Agency document titled "Home Health Care Associates, Inc. Current Organizational Chart" which evidenced physical therapy, occupational therapy, physical therapy assistant, and occupational assistant in the organizational structure.</p> <p>A. On 10/29/13 during survey</p>		<p>experience in home health care or related health programs.</p> <p>The board of directors have orientated the new administrator to her role utilizing the "New Administrator Orientation Checklist". They have ensured that she is aware and capable of performing the supervisory skills required for her job position.</p> <p>She has shown understanding of the job duties required.</p> <p>The new administrator has been issued passwords and credentials to enter both the Devero (clinical record) system, and the Generations (personnel, telephony) system so she</p>		

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	<p>entrance conference, employee C indicated the agency did not provide or contract for therapy services.</p> <p>B. Agency "Patient Handbook &amp; Orientation for home health care" booklet states, "SCOPE OF SERVICE Home Health Care Associates, Inc., is a state licensed and medicaid certified home health agency ... Skilled nursing Physical Therapy Occupational Therapy ... The scope of service for Home Health Care Associates includes part time or intermittent skilled nursing and therapy services. ... ."</p> <p>C. On 10/30/13 at 9:38 AM, employee C indicated being unaware the organization chart included therapy services and indicated being unaware the public information brochures included this information also.</p> <p>3. Agency policy with a review date of 3/1/13 titled "Clinical records/medical record retention PROTECTION OF RECORDS: 1. Clinical record information shall be safeguarded against loss or unauthorized use. 2. Protected health information will be available only to those who must use it. Procedures will be followed to assure that this information is protected, and consents or authorizations are signed before</p>		<p>has access to all client charts, staff flow sheets, and personnel records.</p> <p>2. In the future The Board of Directors will utilized the "New Administrtator Orientation Checklist" to orientate the new administrator. The Administrator will be issued password credentials to be able to access all technical systems.</p> <p>3.The Board of Directors will monitor the proficiency of of the new administrator and conviene every 90 days in the administrators first year of service to evaluate</p>		

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	<p>information is released ... "</p> <p>A. On 10/29/13 at 9:40 AM, employee J (office staff) indicated there was a new employee (non-employee #1) but she did not know his job title.</p> <p>B. On 10/29/13 at 10 AM, employee C indicated non-employee #1 was not employed with the agency.</p> <p>C. On 10/29/13 at 4 PM, non-employees #1, #2, and #3 were observed standing behind a desk at the agency entrance, next to the copier, looking at unidentified paperwork.</p> <p>D. On 10/29/13 at 4:10 PM, employee C indicated that non-employees #1 has a contract with the agency as a consultant that entitles him to review the patients' plans of care after the registered nurse prepares it and returns it back to the registered nurse if corrections are needed. The administrator indicated non-employees #1 and #3 have passwords and have access to all patient records through the agency electronic medical record system and has had this access since around the 18th of October when a meeting was conducted by the agency owner / alternate administrator / director of nursing (employee A) informing the</p>		<p>her</p> <p>job performance and proactive</p> <p>approchs.</p>				

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	<p>administrator of the new hires and of termination of certain agency staff. The administrator indicated she was unaware of the new hires and termination of agency staff until this meeting.</p> <p>On 10/29/13 at 4:21 PM, employee C presented contracts, orientation check lists, and confidentiality of client information consents from non-employees 1, 2, and 3. All documents were signed and dated 10/29/13 (at time of survey) and co-signed by the administrator who indicated she never read the contracts before signing and that employee A had instructed her on 10/29/13 to complete orientation with the consultants.</p> <p>E. Review of undated agency documents provided by the administrator on 10/30/13 evidenced employees #1 and #3 have access to the agencies electronic medical record system.</p> <p>Agency documents presented by the administrator evidenced non-employee #1 had accessed the electronic medical record system initially on 10/18/13 and between the dates of 10/22 to 10/28/13, the non-employee had accessed patients' # 1, 4, 5, 6, 7, 9, 10, 11, and 13-37 electronic</p>			

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	<p>medical records.</p> <p>F. Agency policy with a review date of 3/1/13 titled "Contract Personnel" states, "SPECIAL INSTRUCTIONS ...</p> <p>3. Prior to rendering services to agency clients, all contract personnel shall receive an orientation to the agency's client care policies and procedures and applicable personnel requirements. 4. Professional personnel under contract with the agency to provide professional services shall have complete personnel files available for the agency upon request. Individuals who contract individually with the agency will have a complete personnel file in the agency which includes references, licenses/certifications, mantoux/health screening, and other documentation required by the agency. ... ."</p> <p>On 10/29/13 at 4:21 PM, the administrator indicated there was no applications, resumes, or criminal background checks conducted for non-employees 1, 2, and 3.</p> <p>4. On 10/29/13 at 4:05 PM, the administrator indicated she did not know the password to access the agency's personnel files system.</p> <p>5. On 10/31/13 at 6:15 PM, employee</p>				

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N000447	<p>B, alternate Director of Nursing, indicated she and the nurse managers did not have access to the aide visit notes as the documentation completed by the aides was in a telephony system and must be imported by the office employee who had the passwords.</p> <p>410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (4) Ensure the accuracy of public information materials and activities. Based on agency document review and interview, the agency failed to ensure the administrator ensured the accuracy of public information materials with the potential to affect all current and future patients of the agency.</p> <p>Findings include:</p> <p>1. Agency document titled "Home Health Care Associates, Inc. Current</p>	N000447		11/30/2013			

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	<p>Organizational Chart" evidenced physical therapy, occupational therapy, physical therapy assistant, and occupational therapy assistant in the organizational structure.</p> <p>2. On 10/29/13 during survey entrance conference, employee C indicated the agency did not provide or contract for therapy services.</p> <p>3. Agency "Patient Handbook &amp; Orientation for home health care" booklet states, "SCOPE OF SERVICE Home Health Care Associates, Inc., is a state licensed and medicaid certified home health agency ... Skilled nursing Physical Therapy Occupational Therapy ... The scope of service for Home Health Care Associates includes part time or intermittent skilled nursing and therapy services. ... ."</p> <p>4. Agency brochures evidenced physical and occupational therapy as services provided by the agency.</p> <p>5. On 10/30/13 at 9:38 AM, employee C indicated being unaware the organization chart included therapy services and indicated being unaware all agency public information brochures included this information also.</p>		<p>1 The current Administrator has</p> <p>review all agency public information</p> <p>materials for accuracy. The agency</p> <p>brochures, organizational chart,</p>	

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			<p>client handbooks, and the Home</p> <p>Health Care Associates Web</p> <p>site has all been amended and</p> <p>approved by the administrator</p> <p>for the appropriate scope of</p> <p>service being advertized.</p>	

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			<p>2 The administrator and the board of directors will review and approve any changes to the public info material in the future.</p>	

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			This will be monitored by the  administrator and board of  directors.	

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N000460	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on personnel file review and policy review, the agency failed to ensure personnel records included documentation of orientation to the job in 1 of 9 personnel files reviewed. (employee C)</p> <p>Findings include:</p> <p>1. Personnel file for employee C, date of hire 4/18/11, contained a job description dated 7/29/13 titled "Position: Administrator." The file failed to evidence orientation to the job.</p> <p>2. The agency policy with a review date of 3/1/13 titled "Employee Orientation" states, "POLICY ... Each employee of the agency who provides direct care, supervision of direct care, or</p>	N000460	<p>1 The Board of Directors has orientated the new Administrator to her role and this will be the case in the future should need be. All personnel files have been reviewed for completeness, specifically checklist, and all are complete at this time.</p> <p>2 The</p>	11/30/2013

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	management of services, will participate in an orientation program specific to his/her educational background, experience, position in the agency, and the roles and responsibilities as an employee of the agency."		Board of Directors will utilize the New Administrator checklist to complete orientation. All personnel are evaluated using an orientation checklist at this time. Each personnel file will be audited for completeness prior to the employee starting employment. Monthly an audit will be done on existing personnel files to ensure completeness.  Board of Directors		

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N000484	<p>410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences. Based on clinical record review and interview, the agency failed to ensure all personnel communicated so they were aware of and informed of the services required to meet the patient's needs in 2 of 11 clinical records reviewed creating the potential to affect all 81 patients of the agency. (#1 and #6)</p> <p>Findings include:</p> <p>1. Clinical record #1 included a physician's plan of care for the certification period 8/16 to 10/14/13 with orders for skilled nursing and home health aide services. The record failed to evidence all the services maintained liaison to ensure their efforts were coordinated and supported in the plan of care.</p> <p>A. The clinical record contained a document dated 8/15/13 from the patient's primary physician for</p>	N000484	<p>1 All RN Case Managers, and the newly formed administions team, which consists of the DON, Administrator, ADON, the appropriate scheduler for the particular area, and the Administrative Secretary have been in-serviced on coordination of care. The DON or her designee will take the initial</p>	11/30/2013

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	<p>evaluation for skilled nursing and physical therapy services.</p> <p>B. On 10/30/13 at 10:10 AM, employee B (alternate director of nursing) indicated she was unaware physical therapy had been requested in the physicians order.</p> <p>C. On 10/30/13 at 11:20 AM, employee N (registered nurse-patient case manager) indicated she had never seen the written physician's order for physical therapy evaluation.</p> <p>2. Clinical record #6 included a physician's plan of care for the certification period 10/2 to 11/30/13 with orders for skilled nursing and home health aide services. The record failed to evidence all the services maintained liaison to ensure their efforts were coordinated and supported in the plan of care.</p> <p>A. The clinical record contained a document titled "Patient Profile" that states, "Referral Date: 09/26/2013."</p> <p>B. On 10/30/13 at 5 PM, the patient indicated speaking to employee E (office staff) and requesting home health care services from the agency beginning in May 2013 but did not start receiving</p>		<p>referral</p> <p>and meet with the admissions team</p> <p>who will screen the potential client</p> <p>for</p> <p>their particular needs and the agencies</p> <p>ability to be able to meet those needs</p> <p>or</p> <p>make a referral in a timely manor to</p> <p>ensure coordination of care for the</p> <p>client.</p> <p>2 Quality assurance nurse will screen</p> <p>all</p> <p>new orders to ensure the agency meets</p> <p>the appropriate scope of service for the</p> <p>client or the need for referral and the</p> <p>coordination of care with that</p>		

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	<p>services until October 2013.</p> <p>C. On 10/31/13 at 10:05 AM, employee B indicated being unsure of the date of the initial referral but does agree there was one.</p> <p>D. On 10/31/13 at 11:36 AM, employee E indicated taking the first referral request over the summer but cannot remember an exact date.</p>		<p>additional referral source. The individual client</p> <p>RN</p> <p>Case Managers will every 30 days or if a change occurs hold a care conference with all care givers of the client and will also case conference with the DON or his/her designee.</p> <p>The DON will oversee the coordination of care program.</p>		

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N000508	<p>410 IAC 17-12-3(b)(2)(E) Patient Rights Rule 12 Sec. 3(b)(2)(E) (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (E) Confidentiality of the clinical records maintained by the home health agency. The home health agency shall advise the patient of the agency's policies and procedures regarding disclosure of clinical records. Based on observation, agency document and policy review, and interview, the agency failed to ensure the confidentiality of the clinical records was maintained in 33 patient records creating the potential to affect all 81 patients of the agency. (#1, 4-7, 9-11, 13-37)</p> <p>Findings include:</p> <p>1. Agency policy with a review date of 3/1/13 titled "Clinical records / medical record retention PROTECTION OF RECORDS: 1. Clinical record information shall be safeguarded against loss or unauthorized use. 2. Protected health information will be available only to those who must use it. Procedures will be followed to assure that this information is protected, and consents or authorizations are signed before information is released."</p>	N000508	<p>1 Credentials are required to view protected health information. Upon hire or contracted individuals are issued credentials with the appropriated level of access. In order to get credentials, the Administrator or his/her designee must fill out and sign a user request form, giving</p>	11/30/2013			

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	<p>A. On 10/29/13 at 9:40 AM, employee J (office staff) indicated there was a new employee (non-employee #1), but she did not know his job title.</p> <p>B. On 10/29/13 at 10 AM, employee C indicated non-employee #1 was not employed with the agency.</p> <p>C. On 10/29/13 at 4 PM, non-employees #1, #2, and #3 were observed standing behind a desk at the agency entrance, next to the copier, looking at unidentified paperwork.</p> <p>D. On 10/29/13 at 4:10 PM, employee C indicated that non-employee #1 has a contract with the agency as a consultant that job entitles him to review the patients' plans of care after the registered nurse prepares it and returns it back to the registered nurse if corrections are needed. The administrator indicated non-employees #1 and #3 have passwords and have access to all patient records through the agency electronic medical record system and has had this access since around the 18th of October when a meeting was conducted by the agency owner / alternate administrator / director of nursing (employee A) informing the administrator of the new hires and of</p>		<p>the employee or contracted individual authorization to view protected health information. The user request form is then forwarded to the IT Director; credentials are generated and given to the authorized individual who may need to view protected health information.</p> <p>2 The Director of IT will perform monthly audits of credentials master list and remove any individuals who are no longer contracted. Administrator will review the master list audit and will present the findings at the</p>	

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	<p>termination of certain agency staff. The administrator indicated she was unaware of the new hires and termination of agency staff until this meeting.</p> <p>On 10/29/13 at 4:21 PM, employee C presented with contracts, orientation check lists, and confidentiality of client information consents from non-employees 1, 2, and 3. All documents were signed and dated 10/29/13 (at time of survey) and co-signed by the administrator whom indicated she never read the contracts before signing and that employee A had instructed her on 10/29/13 to complete orientation with the consultants.</p> <p>E. Observation on 10/30/13 at 9:12 AM evidenced a computer in the office of survey conduction with the agency login page on the screen which contained non-employee #1's sign-in credentials.</p> <p>F. Review of agency documents provided by the administrator on 10/30/13 evidenced non-employees #1 and #3 have access to the agency's electronic medical record system.</p> <p>Agency documents presented by the administrator evidenced non-employee #1 had accessed the</p>		<p>quarterly PAC meeting.</p> <p>Administrator will be responsible</p>				

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N000520	<p>electronic medical record system initially on 10/18/13 and between the dates of 10/22 to 10/28/13. The non-employee had accessed patient's #1, 4, 5, 6, 7, 9, 10, 11, and 13-37 electronic medical records.</p> <p>2. The agency patient's admission packet contained a handbook titled "Patient Handbook &amp; Orientation for home health care" states, "Client Bill of Rights and Responsibilities The patient has the following rights: ... 17. The patient has the right to confidentiality of the clinical records maintained by the HHA [home health agency].</p> <p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the home health agency in the patient's place of residence. Based on clinical record review, policy review, and interview, the agency failed to ensure therapy services were able to</p>	N000520	1. All RN Case Managers, and the newly formed admissions team, which consists of the DON, Administrator, ADON, the	11/30/2013			

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	<p>be provided as ordered in 1 of 11 patient records reviewed creating the potential to affect all 81 patients of the agency. (#1)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #1 included a physician's plan of care established for the certification period 8/16 to 10/14/13 with orders for skilled nursing and home health aide services. The clinical record contained a document dated 8/15/13 from the patient's primary physician for evaluation for skilled nursing and physical therapy services.</li> <li>2. On 10/30/13 at 10:10 AM, employee B (alternate director of nursing) indicated she was unaware physical therapy had been requested in the physicians order.</li> <li>3. On 10/30/13 at 11:20 AM, employee N (registered nurse-patient case manager) indicated she had never seen the written physicians order for physical therapy evaluation.</li> <li>4. On 10/29/13 at 9 AM during survey entrance conference, employee C indicated the agency did not provide or contract for therapy services.</li> </ol>		<p>appropriate scheduler for the particular client area, and the Administrative Secretary have been in-serviced on coordination of care. The DON or her/his designee will take the initial referral and meet with admissions team who will screen the potential client for their particular needs and the agencies ability to be able to meet those needs or make a referral in a timely manor to ensure coordination of care for the client and that the client gets the appropriate service ordered.2. The quality assurance nurse will screen all new orders to ensure the agency meets the appropriate scope of service for the client or the need for referral and the coordination of care with that additional referral source. The individual client RN Case Managers will every 30 days, or if a change occurs, hold a care conference with all care givers of the client and will also case conference with the DON or his/her designee.3. DON</p>		

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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: Based on clinical record review, policy review, and interview, the agency failed to ensure visits were provided as ordered on the plan of care in 5 of 11 clinical records reviewed creating the potential to affect all 81 patients of the agency. (#4-8)</p> <p>Findings include:</p> <p>1. Clinical record #4, start of care 12/4/12, included a plan of care for the certification period 9/30 to 11/28/13 that states, "21. Orders for discipline and treatments: HHA [home health aide] visit Frequency ... 5hrs/day [hours per day] x 5days/wk [days per week] x 8 weeks + 5hrs/day x 4 days/wk x 1week ... to assist w/personal care/ADLs [activities of daily living] ..." The record failed to evidence a fifth home health aide visit for week 4 (10/13 to 10/18/13).</p> <p>On 10/31/13 at 11:54 AM, employee B (alternate director of nursing) indicated there was a missed</p>	N000522	<p>1. The RN Case Managers have been in-serviced on missed visit sheet and how to fill them out and report the missed visit to the MD.</p> <p>2. The quality assurance staff will audit patient schedules against the POC on a weekly basis to ensure visits are completed according to the POC.</p>	11/30/2013

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	<p>home health aide visit on 10/17/13 but was unable to locate documentation of why the visit was missed.</p> <p>2. Clinical record #5, start of care 7/11/13, included a plan of care for the certification period 9/9/13 to 11/7/13 that states, "21. ... HHA visit frequency ... 4hrs/day x 7 days/wk x 9 weeks ... to assist w/personal care/ADLs ..." The record failed to evidence home health aide visits were made for week 4 (10/2/13), week 5 (10/10/13), and week 6 (10/13/13).</p> <p>On 10/31/13 at 12:04 PM, employee B indicated there were missed home health aide visits.</p> <p>3. Clinical record #6, start of care 10/2/13, included a plan of care for the certification period 10/2 to 11/30/13 that states, "21. Orders for discipline and treatments: HHA visit frequency ... 2hrs/day x 3days/wk x 9weeks ... " The record evidenced one home health aide visit for week 1.</p> <p>On 10/31/13 at 10:50 AM, employee B indicated there was only one visit made for week 1.</p> <p>4. Clinical record #7, start of care 10/11/13, included a plan of care for the</p>		<p>The audit well be completed with a</p> <p>schedule auditing tool developed by</p> <p>the agency.</p> <p>The RN case managers have been</p> <p>instructed to notify the the DON of any change in services.</p> <p>The ADON will also be receiving a</p> <p>copy of all new MD orders for review.</p> <p>The ADON will provide the DON with monthly report.</p> <p>The Administrator also recieves a weekly report on missed visits from the previous week.</p> <p>Administrator will ensure monitoring</p>				

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	<p>certification period 10/11 to 12/9/13 that states, "21. Orders for discipline and treatments: SN [skilled nursing] visit frequency 1 x 2 wks x 9wks for med set up and sup visits, monthly for diabetic foot care, and q [every] 60 days for recerts ... HHA visit frequency ... 2 hrs/day x 3 days/wk x 9 weeks ... " The record evidenced a skilled nursing visit on 10/11/13 and 17 days later on 10/28/13. The record evidenced no home health aide visits for week 1, one visit for week 2, and one visit for week 3.</p> <p>On 10/31/13 at 11:38 AM, employee B indicated these visits were not made according to the plan of care.</p> <p>5. Clinical record #8, start of care 10/21/13, included a plan of care for the certification period 10/21 to 12/19/13 that states, "21. Orders for discipline and treatments: ... HHA visit frequency ... 2hrs/day x 3 days/wk x 9 weeks ... " The record evidenced a missed home health aide visit for week one.</p> <p>On 10/31/13 at 4:45 PM, employee B indicated documentation of the missed visit could not be located.</p> <p>6. Agency policy with a review date of 3/1/13 titled "Missed Visit Policy"</p>			

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N000524	<p>states, "Policy Care provided to client by all disciplines will follow established plan of care." 410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following:                             <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care included any diagnoses, any durable medical equipment or supplies needed, the patient's functional limitations and activities permitted in the home, allergies, any safety measures in the home, and the disciplines ordered to</p>	N000524	All POC have been audited at this	11/30/2013
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	<p>provide home health services with frequency and duration in 1 of 11 clinical records reviewed creating the potential to affect all 81 patients of the agency. (#2)</p> <p>Findings include:</p> <p>1. Clinical record 2, start of care 2/27/13, included a plan of care dated 10/25/13 through 12/23/13 signed by the director of nursing and dated 10/23/13 failed to evidence any diagnoses, any durable medical equipment or supplies needed, the patient's functional limitations and activities permitted in the home, allergies, any safety measures in the home, and the disciplines ordered to provide home health services with frequency and duration.</p> <p>A. The record evidenced employee K provided services on 10/25/13 and the agency's aide schedule indicated employee K was to provide services on October 29, 30, 31, 2013.</p> <p>B. On 10/29/13 at 1:30 PM, during a telephone interview with the patient on 10/29/13 at 1:30 PM, the patient indicated employee K provided aide services, including bathing assistance, Monday through Friday 9 AM to 4 PM.</p>		<p>time for completeness. All Case Managers have been in-serviced on the completeness and timeliness of all POCs.</p> <p>2. Quality assurance staff will audit every plan of care before it is sent to the physician for a signature to ensure the plan of care covers all pertinent diagnosis, mental status, required equipment, frequency of visits, prognosis, rehab potential, nutritional requirements, medications, and treatments, safety measures, instruction</p>	

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N000540	<p>C. On 10/31/13 at 6:15 PM, employee B indicated the record did not include orders for aide services and the current plan of care was not complete.</p> <p>2. Agency policy with a review date of 3/1/13 titled "Plan of Care" states, "SPECIAL INSTRUCTIONS ... 2. The plan of care shall be completed in full to include: a. all pertinent diagnosis(es), principle and secondary, including dates of onset. b. mental status. c. type, frequency, and duration of all visits/services. d. specific procedures and modalities for therapy services. ... i. functional limitations and precautions. j. activities permitted or restrictions. ... m. medical supplies and equipment required. n. any safety measures to protect against injury. ... u. all of the above items must always be address on the plan of care."</p> <p>410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit.</p>		<p>for discharge, and other appriate items. Quality assurance staff will be trained, and audit tool will be developed.</p> <p>The training and audit tool will give quality assurance staff the ability to assist agency efforts in developing complete plans of care.</p> <p>The DON will monitor and present the findings at the quarterly PAC</p>	

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NAME OF PROVIDER OR SUPPLIER  HOME HEALTH CARE ASSOCIATES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2038 W 2ND STREET MARION, IN 46952			
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	<p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse completed the initial assessment visit within 48 hours of referral as required by agency policy in 3 of 11 clinical records reviewed creating the potential to affect all new patients. (#6, 8, and 11)</p> <p>Findings include:</p> <p>1. Clinical record #6, start of care (SOC) 10/2/13, evidenced a referral to home care dated 9/26/13 and a comprehensive assessment on 10/2/13. The record failed to evidence an initial assessment was completed within 48 hours of the referral to identify immediate care needs.</p> <p>On 10/31/13 at 10:05 AM, employee B indicated the physician was notified on 9/30/13 for orders and the initial assessment was not completed within 48 hours of the referral.</p> <p>2. Clinical record #8, SOC 10/21/13 evidenced a referral to home care dated 10/9/13 and a comprehensive assessment on 10/21/13. The record failed to evidence an initial assessment was completed within 48 hours of the referral to identify immediate care needs.</p>	N000540	<p>1. The admission RN's have been educated on the timeliness of making the initial client assessment. They have been instructed that if it necessary to put off the assessment past 48 hours, they are to make a note on the client profile page as to why this is.</p> <p>2. The quality assurance staff will review all new admissions for timeliness of assessment and will forward the results on to the DON or his/her designee. If the assessments are not done timely</p>	11/30/2013			

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	<p>On 10/31/13 at 12:07 PM, employee B indicated the agency did not complete the initial assessment within 48 hours of the referral.</p> <p>3. Clinical record #11, SOC 9/12/13 evidenced a referral to home care dated 9/6/13 and a comprehensive assessment on 9/12/13. The record failed to evidence an initial assessment was completed within 48 hours of the referral to identify immediate care needs.</p> <p>On 10/31/13 at 5:30 PM, employee B indicated the agency was waiting on physician orders for services and did not complete the initial assessment within 48 hours of the referral.</p> <p>4. Agency policy with a review date of 3/1/13 titled "Client Admission Process" states, "SPECIAL INSTRUCTIONS ... 7. Each client referred to the agency shall be evaluated by a registered nurse/therapist to determine the immediate care and support needs of the client ... The initial assessment will be completed within forty-eight (48) hours of referral or within forty eight (48) hours of the client's return home, or on the physician ordered/client requested start of care date."</p>		<p>and no reason is listed why, the DON will give disciplinary action. The DON will present the finds to the PAC quarterly.</p> <p>DON</p>		

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N000606	<p>410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse made an on-site visit to the patient's home no less frequently than every 2 weeks as required by agency policy for patients receiving skilled and home health aide services in 2 of 9 patient records reviewed of patient receiving skilled nursing and home health aide services and at least every 30 days in 1 of 1 record reviewed of patients receiving home health aide only services creating the potential to affect all 74 patients of the agency receiving home health aide services. (#2, 7, and 11)</p> <p>Findings include:</p> <p>1. Clinical record #7, start of care 10/11/13, included a plan of care with physician orders for skilled nursing services and home health aide services for certification period 10/11 to 12/9/13. The record evidenced a skilled nursing supervisory visit on 10/11/13 and 17</p>	N000606	<p>1. All RN case managers have been inserviced on the supervisory visit policy. All supervisory visits are being monitored on a weekly schedual.</p> <p>2 The quality assurance nurse will do a weekly audit for the previous weeks supervisory visits to ensure they are done timely. If any violation of the policy is found the DON will be notified and disciplinary action will be given.</p>	11/30/2013			

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	<p>days later on 10/28/13. The record failed to evidence a supervisory visit was made by the registered nurse within 14 days.</p> <p>On 10/31/13 at 11:38 AM, employee B indicated there should have been a supervisory visit made on or before October 25, 2013.</p> <p>2. The agency policy with a review date of 3/1/13 titled "Clinical Supervision" states, "SPECIAL INSTRUCTIONS ...</p> <p>3. A registered nurse is available whenever home health aide services are provided. Home Health aide services are supervised every two weeks or as directed by state/federal regulations."</p> <p>3. Clinical record 11, Start of Care 9/12/13, evidenced a plan of care dated 9/12/13 through 11/10/13 with orders for skilled nursing and home health aide services. The record indicated aide services were provided and began on 9/13/13. The record failed to evidence a skilled nurse supervisory visit was made until 10/2/13, a period of more than 14 days.</p> <p>4. Clinical record 2, SOC 2/27/13, evidenced a plan of care dated 8/24/13 through 10/24/13 with orders for home health aide services only. The record</p>		DON	

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	failed to evidence a registered nurse conducted a supervisory visit every thirty days. The record evidenced supervisory visits were made on 9/10/13 and 10/21/13 a period of more than 30 days.			

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N000608	<p>410 IAC 17-15-1(a)(1-6) Clinical Records 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. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (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. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure clinical notes were incorporated into the clinical record within 7 days as required by agency policy in 5 of 11 clinical records reviewed and all assessments were signed by the person completing the assessment in 1 of 11 records reviewed creating the potential to affect all the agency's patients. (#1, 2, 5, 9-11)</p> <p>Findings include:</p> <p>1. Clinical record #1, on 10/29/13 at 2:55 PM, aide visit notes from 9/9/13 to</p>	N000608	<p>1 All staff have been in-serviced on timely charting and signing of documentation. All documents are currently caught up in the system and the office manager has been made responsible to make</p>	11/30/2013	

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	<p>9/27/13 were not available for review on the electronic medical record.</p> <p>The physician's plan of care for certification period 8/16 to 10/14/13 contained orders for home health aide services 7 hours per day times 2 days per week for 2 weeks and 7 hours per day times 7 days per week times 8 weeks.</p> <p>2. Clinical record #5, on 10/31/13 at 12:05 PM, aide visit notes from 9/9/13 were not available for review on the electronic medical record.</p> <p>The physician's plan of care for certification period 9/9 to 11/7/13 contained orders for home health aide services 4 hours per day times 7 days per week.</p> <p>3. Clinical record #9, on 10/30/13 at 4:30 PM, aide visit notes from certification period 8/19/13 through 10/15/13 were not available for review on the electronic medical record.</p> <p>The physician's plan of care for certification period 8/19 to 10/15/13 contained orders for home health aide services 6 hours per day times 7 days per week.</p> <p>4. Clinical record #10, on 10/30/13 at</p>		<p>sure that all flow sheets have been</p> <p>up loaded and signed timely.</p> <p>2 An audit has been put in place</p> <p>monthly to make sure all documentation</p> <p>has been placed in the client chart</p> <p>timely.</p> <p>Administrator</p>				

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	<p>4:30 PM, aide visit notes from start of care- 10/13/13 to present were not available for review on the electronic medical record.</p> <p>The physician's plan of care for certification period 10/13 to 12/1/13 contained orders for home health aide services 8 hours per day times 5 days per week.</p> <p>5. Clinical record #11, on 10/30/13 at 4:30 PM, aide visit notes from start of care 9/12/13 to present were not available for review on the electronic medical record.</p> <p>The physician's plan of care for certification period 9/12/13 to 11/10/13 contained orders for home health aide services 2 hours per day times 3 days per week.</p> <p>6. On 10/30/13 at 9:15 AM, employee F (office staff), indicated the home health aide visit notes are done by an automated telephone system when the aide is at the patient's home at which time the visits become available for viewing on the computer and then can be uploaded into patient charts. The employee indicated not having enough time to upload all documents into the patient charts and is aware some visits</p>				

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	<p>notes are over 30 days.</p> <p>7. The agency policy with a review date of 3/1/13 titled " Clinical Documentation " states, " SPECIAL INSTRUCTIONS ... 5. Documentation of services ordered on the plan of care will be completed the day service is rendered and incorporated into the clinical record within seven (7) days after the care has been provided. "</p> <p>8. Clinical record # 2 included a recertification assessment dated 8/22/13. The assessment filed to evidence the signature of the person completing the assessment.</p>				

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N000614	<p>410 IAC 17-15-1(c) Clinical Records Rule 15 Sec. 1(c) Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern use and removal of records and conditions for release of information. Patient's written consent shall be required for release of information not authorized by law. Current service files shall be maintained at the parent or branch office from which the services are provided until the patient is discharged from service. Closed files may be stored away from the parent or branch office provided they can be returned to the office within seventy-two (72) hours. Closed files do not become current service files if the patient is readmitted to service.</p> <p>Based on observation, agency document and policy review, and interview, the agency failed to ensure the confidentiality of the clinical records was maintained in 33 patient records creating the potential to affect all 81 patients of the agency. (#1, 4-7, 9-11, and 13-37)</p> <p>Findings include:</p> <p>1. Agency policy with a review date of 3/1/13 titled "Clinical records / medical record retention PROTECTION OF RECORDS: 1. Clinical record information shall be safeguarded against loss or unauthorized use. 2. Protected health information will be available only to those who must use it. Procedures</p>	N000614	<p>1 Credentials are required to view protected health information. Upon hire or contracted individuals are issued credentials with the appropriated level of access. In order to get credentials, the Administrator</p>	11/30/2013	

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	<p>will be followed to assure that this information is protected, and consents or authorizations are signed before information is released."</p> <p>A. On 10/29/13 at 9:40 AM, employee J (office staff) indicated there was a new employee (non-employee #1), but she did not know his job title.</p> <p>B. On 10/29/13 at 10 AM, employee C indicated non-employee #1 was not employed with the agency.</p> <p>C. On 10/29/13 at 4 PM, non-employees #1, #2, and #3 were observed standing behind a desk at the agency entrance, next to the copier, looking at unidentified paperwork.</p> <p>D. On 10/29/13 at 4:10 PM, employee C indicated that non-employee #1 has a contract with the agency as a consultant that job entitles him to review the patients' plans of care after the registered nurse prepares it and returns it back to the registered nurse if corrections are needed. The administrator indicated non-employees #1 and #3 have passwords and have access to all patient records through the agency electronic medical record system and has had this access since around the 18th of October when a meeting was</p>		<p>or his/her designee must fill out and</p> <p>sign a user request form, giving the</p> <p>employee or contracted individual</p> <p>authorization to view protected health</p> <p>information. The user request form is</p> <p>then forwarded to the IT Director;</p> <p>credentials are generated and given</p> <p>to the authorized individual who may</p> <p>need to view protected health</p> <p>information.</p> <p>2 The Director of IT will perform</p> <p>monthly audits of credentials</p> <p>master list and remove any</p> <p>individuals who are no longer</p> <p>contracted.</p> <p>Administrator will review the</p> <p>master list audit and will</p>				

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	<p>conducted by the agency owner / alternate administrator / director of nursing (employee A) informing the administrator of the new hires and of termination of certain agency staff. The administrator indicated she was unaware of the new hires and termination of agency staff until this meeting.</p> <p>On 10/29/13 at 4:21 PM, employee C presented with contracts, orientation check lists, and confidentiality of client information consents from non-employees 1, 2, and 3. All documents were signed and dated 10/29/13 (at time of survey) and co-signed by the administrator whom indicated she never read the contracts before signing and that employee A had instructed her on 10/29/13 to complete orientation with the consultants.</p> <p>E. Review of agency documents provided by the administrator on 10/30/13 evidenced non-employees #1 and #3 have access to the agency's electronic medical record system.</p> <p>Agency documents presented by the administrator evidenced non-employee #1 had accessed the electronic medical record system initially on 10/18/13 and between the dates of 10/22 to 10/28/13. The</p>		<p>present the findings at the quarterly PAC meeting.</p> <p>Administrator will be responsible</p>				

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	<p>non-employee had accessed patient's #1, 4, 5, 6, 7, 9, 10, 11, and 13-37 electronic medical records.</p> <p>2. The agency patient's admission packet contained a handbook titled "Patient Handbook &amp; Orientation for home health care" states, "Client Bill of Rights and Responsibilities The patient has the following rights: ... 17. The patient has the right to confidentiality of the clinical records maintained by the HHA [home health agency].</p>			