

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157597	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2012
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NAME OF PROVIDER OR SUPPLIER HOME HEALTH CARE SOLUTIONS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5250 E US 36 STE 710 AVON, IN 46123
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G0000	<p>This visit was for a home health federal complaint investigation.</p> <p>Complaint #: IN00117228 - Substantiated: No deficiencies related to the allegations are cited.</p> <p>Facility #: 007288</p> <p>Survey Date: November 7, 8, 9, and 13, 2012</p> <p>Medicaid Vendor #: 200875060</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor</p> <p>Home Health Care Solutions is in compliance with the Conditions of Participation 42 CFR 484.36 as related to this complaint.</p> <p>Unduplicated skilled admissions-1,053 Total home visits-8 Total clinical record review-16</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 20, 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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N0000	<p>This visit was a home health agency state compliant survey.</p> <p>Complaint #: IN00117228 - Substantiated: State deficiencies related to the allegation are cited.</p> <p>Facility #: 007288</p> <p>Survey Date: November 7, 8, 9, and 13, 2012</p> <p>Medicaid Vendor #: 200875060</p> <p>Surveyor: Marty Coons, RN, PH Nurse Surveyor</p> <p>Unduplicated skilled admissions-1,053 Total home visits-8 Total clinical record review-16</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 20, 2012</p>	N0000			

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on personnel file review and interview, the agency failed to ensure the aide was entered on and in good standing on the state aide registry for 1 of 2 home health aide personnel records reviewed (D) with the potential to affect all the patients of the agency who receive aide services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Personnel file D, date of hire 11/1/11, failed to evidence the agency had checked to ensure the aide was entered on and in good standing on the home health aide registry. On 11/13/12 at 2:00 PM, the administrator indicated employee D was not listed on the registry as a home health aide but was listed as certified nurse aide. 	N0597	N 0597 The Personnel file D of a Home health aide in question had the appropriate training and skill checked and now the employee D has been registered in the Indiana State Home health registry as of 11/26/2012 and is verified. HR manager and Director of nursing were instructed by the administrator on 11/14/2012 to check and verify for each home health aide that the aide was entered on and in good standing on the home health aide registry before allowing them to see any patients. Director of Nursing and HR manager were informed that every aide should have appropriate training, skills checked along with the written test done and should be in good standing on the home health aide registry before they can see the first patient. HR manager has created a check and reminder system to verify the home health registry and will inform aides two months prior to the expiry date to help them to update their registration as Home health aide. HR manager was instructed to provide report on all the aides working in the agency each month for next 4months to the administrator to verify that all the aides are in good standing on the	11/26/2012	

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			home health aide registry. The verification process of home health registry was also made as part of Agency's annual evaluation process. Director of Nursing will be responsible to make sure that all aides working in the agency are registered in home health aide registry and are in good standing on the home health aide registry.		