

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/10/2013
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NAME OF PROVIDER OR SUPPLIER  V-CARE HOME HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3026 45TH ST STE 2A HIGHLAND, IN 46322
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(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
G000000	<p>This visit was a home health federal recertification survey. The survey was partially extended on 6-10-13.</p> <p>Date of survey: 6/4/13-6/10/13.</p> <p>Facility #: 011268.</p> <p>Medicaid Vendor #: 200871570.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Number of skilled unduplicated admissions: 454.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 14, 2013</p>	G000000		

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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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on interview and review of clinical records, the home health agency failed to ensure therapy visits were made as ordered in 2 (#6 and 7) of 10 records reviewed of patients receiving therapy services with the potential to affect all the agency's patients who received therapy services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of clinical record #6, start of care (SOC) 3-16-13, included a plan of care for the certification period 3-16-13 to 5-14-13 with orders for Occupational Therapy (OT) to evaluate the patient. The record failed to evidence the OT evaluated the patient.</li> </ol> <p>On 6/10/13 at 11:00 AM, Employee A was unable to provide any documentation that the OT had evaluated the patient.</p> <ol style="list-style-type: none"> <li>Clinical record #7, start of care 4-15-13, contained a physician ordered plan of care for the certification period 4-15-13 to 6-13-13 with orders for</li> </ol>	G000158	<p>The Administrator/Director of Nursing (DON) is the person responsible for the review of all therapy services under contract arrangement. The purpose of the contract review is to established provisions that all accepted referral for therapy services must follow the V-Care Home Health Services, LLC policies and procedure in rendering patient care services. The Administrator/DON has forwarded an addendum to the contracted provider services dated June 19, 2013 as specified for the purpose of the contract review to all contracted service providers. The Administrator/DON is the person responsible for the corrective action and ongoing compliance. It is the responsibility of the Administrator/DON that all MEDICAL PLAN OF CARE must be followed to assure that care provided is appropriately planned to meet each patient's specific needs and problems The following P&amp;Ps were reviewed by the Administrator/DON: 1. Care Planning Process 2. Plan of Care - CMS 485 and Physician's Order 3. Professional Standard of Practice 4. Coordination of</p>	06/21/2013			

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	<p>physical therapy (PT) to visit 1 time during week 1 then 2 times weekly for 4 weeks. The record evidenced PT visited the patient only 1 time during weeks 3 and 4.</p> <p>During an interview on 6-10-13 at 11:00 AM, employee A indicated there was no further documentation available for the medical record.</p>		<p>Patient Care 5. Medical Record Content 6. Timely Submission of Patient Documentation 7. Utilization Review/Clinical Records Review 8. Employee Disciplinary Action / Termination</p> <p>The following forms were reviewed by the Administrator/DON for possible revisions: 1. Patient Care Coordination Form 2.Utilization Review/Record Review Form</p> <p>The Administrator/DON determined that the above listed P&amp;Ps needs immediate revisions to define the care planning process and required documentation of care planning. A discussion were made for the required revisions and approved by the Administrator/DON for immediate implementation.</p> <p>The Administrator/DON determined that the two forms mentioned above needed no revisions as of this time The revised P&amp;Ps was approved for immediate implementation on June 17, 2013. An inservice was conducted to all office staff and field clinicians on June 17 and 19, 2013. Utilization Review/Clinical Record Review to all patients receiving therapy services were conducted starting June 18, 2013 with a goal date of completion by June 21, 2013. This Utilization Review/Clinical Record Review was ordered by the Administrator/DON to prevent and</p>		

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			<p>correct potential deficiency similar to patient records labeled as record #6 and #7. The certifying physician for record #6 was notified on June 17, 2013 through a communication note addressing the entry of late information detailing the absence of an Occupational Therapist's Evaluation as ordered during that episode. This late entry is now filed in the patient's medical record. The certifying physician for record #7 was notified on June 17, 2013 through a communication note to addressed the entry of late information of the missed visit for the weeks 3 and 4. This late entry is now filed in the patient's medical record. In order to avoid a repetition of this deficiencies, the Administrator/DON will monitor compliance and conduct a random Utilization Review/Clinical Record Review for 5 active and 2 discharge medical records for patients receiving therapy on a bi-weekly basis for four months starting on the week of June 23, 2013 until October 31, 2013. The Administrator/DON established rate of compliance of 100% on the months of September and October 2013. Monitoring of compliance by the Administrator/DON to extend 2 more months if compliance of 100% by the end of October 2013. A memorandum was issued dated June 19, 2013 for</p>	

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			possible disciplinary actions and termination of employment to responsible clinicians and staff incharge for failing to strictly follow the P&Ps enumerated above. Each clinicians attended the 2 days in-service were given copies of the P&P in disciplining and terminating an employee.		

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G000186	<p><b>484.32 THERAPY SERVICES</b> The qualified therapist assists the physician in evaluating the patient's level of function, and helps develop the plan of care (revising it as necessary.) Based on interview and review of clinical records, the agency failed to ensure the Occupational Therapist performed an evaluation visit as ordered for 1 of 2 (#6) records reviewed of patients with orders for occupational therapy with the potential to affect all patients receiving occupational therapy services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of clinical record #6, start of care (SOC) 3-16-13, included a plan of care for the certification period 3-16-13 to 5-14-13 with orders for Occupational Therapy (OT) to evaluate the patient. The record failed to evidence the OT evaluated the patient.</li> <li>On 6/10/13 at 11:00 AM, Employee A was unable to provide any documentation that the OT had evaluated the patient.</li> </ol>	G000186	The Administrator/Director of Nursing (DON) is the person responsible for the review of all therapy services under contract arrangement. The purpose of the contract review is to established provisions that all accepted referral for therapy services must follow the V-Care Home Health Services, LLC policies and procedure in rendering patient care services. The Administrator/DON has forwarded an addendum to the contracted provider services dated June 19, 2013 as specified for the purpose of the contract review to all contracted service providers. The Administrator/DON is the person responsible for the corrective action and ongoing compliance. It is the responsibility of the Administrator/DON that all MEDICAL PLAN OF CARE must be followed to assure that care provided is appropriately planned to meet each patient's specific needs and problems The following P&Ps were reviewed by the DON: 1. Care Planning Process 2. Plan of Care - CMS 485 and Physician's Order 3. Professional Standard of Practice 4. Coordination of Patient Care 5. Medical Record Content 6. Timely	06/21/2013			

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			<p>Submission of Patient Documentation 7. Utilization Review/Clinical Record Review</p> <p>8. Employee Disciplinary Action/Termination The following forms were reviewed by the Administrator/DON for possible revisions: 1. Patient Care Coordination Form 2. Utilization Review/Record Review Form The Administrator/DON determined that the above listed P&amp;Ps needs immediate revisions to define the care planning process and required documentation of care planning. A discussion were made for the required revisions and approved by the Administrator/DON for immediate implementation. The Administrator/DON determined that the two forms mentioned above needed no revisions as of this time. The revised P&amp;Ps was approved for immediate implementation on June 17, 2013. An in-service was conducted to all office staff and field clinicians on June 17, and 19, 2013. Utilization Review/Clinical Record Review to all patients receiving therapy services were conducted starting June 18, 2013 with a goal date of completion by June 21, 2013. This Utilization Review/Clinical Record Review was ordered by the Administrator/DON to prevent and correct potential deficiency similar to patient records labeled as record #6. The certifying</p>	

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			<p>physician for record #6 was notified on June 17, 2013 through a communication note addressing the entry of late information detailing the absence of an Occupational Therapist's Evaluation as ordered during that episode. This late entry is now filed in the patient's medical record. In order to avoid a repetition of this deficiencies, the Administrator/DON will monitor compliance and conduct a random Utilization Review/Clinical Record Review for 5 active and 2 discharge medical records on a bi-weekly basis for four months starting on the week of June 23, 2013 until October 31, 2013. The Administrator/DON established rate of compliance of 100% on the months of September and October 2013. Monitoring of compliance by the Administrator/DON to extend 2 more months if compliance of 100% by the end of October 2013.</p>	

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N000000	<p>This was a home health state licensure survey.</p> <p>Date of survey: 6/4/13-6/10/13.</p> <p>Facility #: 011268.</p> <p>Medicaid Vendor #: 200871570.</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Number of skilled unduplicated admissions: 454.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">June 14, 2013</p>	N000000		

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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:</p> <p>Based on interview and review of clinical records, the home health agency failed to ensure therapy visits were made as ordered in 2 (#6 and 7) of 10 records reviewed of patients receiving therapy services with the potential to affect all the agency's patients who received therapy services.</p> <p>The findings include:</p> <p>1. Review of clinical record #6, start of care (SOC) 3-16-13, included a plan of care for the certification period 3-16-13 to 5-14-13 with orders for Occupational Therapy (OT) to evaluate the patient. The record failed to evidence the OT evaluated the patient.</p> <p>On 6/10/13 at 11:00 AM, Employee A was unable to provide any documentation that the OT had evaluated the patient.</p> <p>2. Clinical record #7, start of care 4-15-13, contained a physician ordered plan of care for the certification period 4-15-13 to 6-13-13 with orders for</p>	N000522	<p>The Administrator/Director of Nursing (DON) is the person responsible for the review of all therapy services under contract arrangement. The purpose of the contract review is to established provisions that all accepted referral for therapy services must follow the V-Care Home Health Services, LLC policies and procedure in rendering patient care services. The Administrator/DON has forwarded an addendum to the contracted provider services dated June 19, 2013 as specified for the purpose of the contract review to all contracted service providers. The Administrator/Director of Nursing (DON) is the person responsible for the corrective action and ongoing compliance. It is the responsibility of the Administrator/DON that all MEDICAL PLAN OF CARE must be followed to assure that care provided is appropriately planned to meet each patient's specific needs and problems The following P&amp;Ps were reviewed by the Administrator/DON: 1. Care Planning Process 2. Plan of Care - CMS 485 and Physician's Order 3. Professional Standard of</p>	06/21/2013			

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	<p>physical therapy (PT) to visit 1 time during week 1 then 2 times weekly for 4 weeks. The record evidenced PT visited the patient only 1 time during weeks 3 and 4.</p> <p>During an interview on 6-10-13 at 11:00 AM, employee A indicated there was no further documentation available for the medical record.</p>		<p>Practice 4. Coordination of Patient Care 5. Medical Record Content 6. Timely Submission of Patient Documentation 7. Utilization Review/Clinical Record Review 8. Employee Disciplinary Action / Termination The following forms were reviewed by the Administrator/DON for possible revisions: 1. Patient Care Coordination Form 2.Utilization Review/Record Review Form The Administrator/DON determined that the above listed P&amp;Ps needs immediate revisions to define the care planning process and required documentation of care planning. A discussion were made for the required revisions and approved by the Administrator/DON for immediate implementation. The Administrator/DON determined that the two forms mentioned above needed no revisions as of this time. The revised P&amp;Ps was approved for immediate implementation on June 17, 2013. An in-service was conducted to all office staff and field clinicians on June 17 and 19, 2013. Utilization Review/Clinical Record Review to all patients receiving therapy services were conducted starting June 18, 2013 with a goal date of completion by June 21, 2013. This Utilization Review/Clinical Record Review was ordered by the Administrator/DON to prevent and</p>	

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			<p>correct potential deficiency similar to patient records labeled as record #6 and #7. The certifying physician for record #6 was notified on June 17, 2013 through a communication note to address the entry of late information detailing the absence of an Occupational Therapist's Evaluation as ordered during that episode. This late entry is now filed in the patient's medical record. The certifying physician for record #7 was notified on June 17, 2013 through a communication note to address the entry of late information of the missed visit for the weeks 3 and 4. This late entry is now filed in the patient's medical record. In order to avoid a repetition of this deficiencies, the Administrator/DON will monitor compliance and conduct a random Utilization Review/Clinical Record Review for 5 active and 2 discharge medical records for patients receiving therapy on a bi-weekly basis for four months starting on the week of June 23, 2013 until October 31, 2013. The Administrator/DON established rate of compliance of 100% on the months of September and October 2013. Monitoring of compliance by the Administrator/DON to extend 2 more months if compliance of 100% by the end of October 2013. A memorandum was issued dated June 19, 2013 for</p>	

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			possible disciplinary actions and termination of employment to responsible clinicians and staff in-charge for failing to strictly follow the P&Ps enumerated above. Each clinicians attended the 2 days in-service were given copies of the P&P in disciplining and terminating an employee.		

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N000564	<p>410 IAC 17-14-1(c)(3) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (3) assist the physician, chiropractor, podiatrist, dentist, or optometrist in evaluating level of function;</p> <p>Based on interview and review of clinical records, the agency failed to ensure the Occupational Therapist performed an evaluation visit as ordered for 1 of 2 (#6) records reviewed of patients with orders for occupational therapy with the potential to affect all patients receiving occupational therapy services.</p> <p>Findings include:</p> <p>1. Review of clinical record #6, start of care (SOC) 3-16-13, included a plan of care for the certification period 3-16-13 to 5-14-13 with orders for Occupational Therapy (OT) to evaluate the patient. The record failed to evidence the OT evaluated the patient.</p> <p>2. On 6/10/13 at 11:00 AM, Employee A was unable to provide any documentation that the OT had evaluated the patient.</p>	N000564	<p>The Administrator/Director of Nursing (DON) is the person responsible for the review of all therapy services under contract arrangement. The purpose of the contract review is to established provisions that all accepted referral for therapy services must follow the V-Care Home Health Services, LLC policies and procedure in rendering patient care services. The Administrator/DON has forwarded an addendum to the contracted provider services dated June 19, 2013 as specified for the purpose of the contract review to all contracted service providers. The Administrator/DON is the person responsible for the corrective action and ongoing compliance. It is the responsibility of the Administrator/DON that all MEDICAL PLAN OF CARE must be followed to assure that care provided is appropriately planned to meet each patient's specific needs and problems The following P&amp;Ps were reviewed by the Administrator/DON: 1. Care Planning Process 2. Plan of Care - CMS 485 and Physician's Order 3. Professional Standard of Practice 4. Coordination of</p>	06/21/2013	

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			<p>Patient Care 5. Medical Record Content 6. Timely Submission of Patient Documentation 7. Utilization Review/Clinical Record Review 8. Employee Disciplinary Action / Termination The following forms were reviewed by the Administrator/DON for possible revisions: 1. Patient Care Coordination Form 2.Utilization Review/Clinical Record Review Form The Administrator/DON determined that the above listed P&amp;Ps needs immediate revisions to define the care planning process and required documentation of care planning. A discussion were made for the required revisions and approved by the Administrator/DON for immediate implementation. The Administrator/DON determined that the two forms mentioned above needed no revisions as of this time The revised P&amp;Ps was approved for immediate implementation on June 17, 2013. An inservice was conducted to all office staff and field clinicians on June 17 and 19, 2013. Utilization Review/Clinical Record Review to all patients receiving therapy services were conducted starting June 18, 2013 with a goal date of completion by June 21, 2013. This Utilization Review/Clinical Record Review was ordered by the Administration/DON to prevent and correct potential deficiency</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157595	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/10/2013
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NAME OF PROVIDER OR SUPPLIER  V-CARE HOME HEALTH SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3026 45TH ST STE 2A HIGHLAND, IN 46322
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(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
			similar to patient records labeled as record #6. The certifying physician for record #6 was notified on June 17, 2013 through a communication note to addressed the entry of late information detailing the absence of an Occupational Therapist's Evaluation as ordered during that episode. This late entry is now filed in the patient's medical record. In order to avoid a repetition of this deficiencies, the Administrator/DON will monitor compliance and conduct a random Utilization Review/Record Review for 5 active and 2 discharge medical records for patients receiving therapy on a bi-weekly basis for four months starting on the week of June 23, 2013 until October 31, 2013. The DON established rate of compliance of 100% on the months of September and October 2013. Monitoring of compliance by the Administrator/DON to extend 2 more months if compliance of 100% by the end of October 2013. A memorandum was issued dated June 19, 2013 for possible disciplinary actions and termination of employment to responsible clinicians and staff in-charge for failing to strictly follow the P&Ps enumerated above. Each clinicians attended the 2 days inservice were given copies of the P&P in disciplining and terminating an employee.	