

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/31/2012
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NAME OF PROVIDER OR SUPPLIER 1ST OPTION ADULT DAY SERVICES & HOME HEALTH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 WEST LINCOLN HIGHWAY MERRILLVILLE, IN 46410
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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
N0000	<p>This visit was for an initial state licensure survey.</p> <p>Survey Dates: 5/29, 5/30, and 5/31/12.</p> <p>Facility #: 012812.</p> <p>Medicaid Vendor #: N/A.</p> <p>Surveyor: Janet Brandt, RN, PHNS.</p> <p>Number of records reviewed: 3 Open records: 3. Closed records: 0. Unduplicated census: 3.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN June 4, 2012</p>	N0000		

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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N0449	<p>410 IAC 17-12-1(c)(6) Home health agency administration/management Rule 12 Sec. 1(c)(6) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (6) Ensure that the home health agency meets all rules and regulations for licensure.</p> <p>Based on clinical record, personnel record, and agency document review; observation; and interview, the administrator failed to ensure the agency met all the requirements for licensure with the potential to affect all the agency's patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The administrator failed to ensure the director of nursing or alternate director of nursing was able to be reached within a reasonable amount of time. (See N 454) 2. The administrator failed to develop, implement, maintain, and evaluate a quality assessment and performance improvement program that evaluated the care provided to patients. (See N 456 and N 472) 3. The administrator failed to ensure the confidential medical records of employees were treated as confidential and 	N0449	<p>N 0449. Corrective measures; this deficiency has been corrected by the administrator by taking the following steps; - the administrator will be available in the office during hours of operation 9.00am -5.00pm. The administrator contacted AT&T and upgraded the agency phone system to include call forwarding features so that calls can be forwarded to his cellular phone (219) 644-5119) during and after office hours. This will prevent the recurring of this deficiency in the near future and ensure that patients or other concerned individuals can easily reach the administrator 24 hours/seven days a week. Evidenced by agency updated policy C-100 attached. 2. The administrator has reproduced/updated the agency's policies and procedures manual on program performance evaluation and quality assessment procedures that evaluates care provided to patients. The DON has been designated to handle this responsibility and will be monitored by the</p>	06/06/2012			

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	<p>maintained in separate medical files. (See S 466)</p> <p>4. The administrator failed to ensure the agency developed and implemented a policy requiring a 5 day notice of discharge. (See N 488)</p> <p>6. The administrator failed to inform patients of the specific patient's right to have their family or legal representative exercise the patient's rights as permitted by law. (See N 496)</p> <p>7. The administrator failed to inform patients of the right to request a listing of all individuals and other legal entities who have an ownership or control interest in the agency. (See N 516)</p>		<p>administrator. Evidenced by policy B- 240 and other related forms attached. 3. The administrator has promptly separated confidential medical records of employees and maintained the same records in a separate individual file. 4. The administrator has updated agency policy on Patient's Bill of Rights to state that patient has the "right to have their family member or legal representative exercise the patient's right as permitted by law".The DON has in-serviced the nursing staff on the need to fully explain these rights to patient/family upon start of care. 5. The administrator/DON had updated the agency's policy on discharge requirement, stating that client is to be given 5 days' notice before discharged. Evidenced by agency policy C-740. The administrator will be responsible for the monitoring of these corrective measures to ensure that this deficiency is corrected every time and it will not recur in the near future.</p>				

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N0454	<p>410 IAC 17-12-1(d) Home health agency administration/management Rule 12 Sec. 1(d) The person or similarly qualified alternate shall be on the premises or capable of being reached immediately by phone, pager or other means. In addition, the person must be able to:</p> <ol style="list-style-type: none"> (1) respond to an emergency; (2) provide guidance to staff; (3) answer questions; and (4) resolve issues; <p>within a reasonable amount of time, given the emergency or issue that has been raised.</p> <p>Based on Indiana State Department of Health (ISDH) document review, observation, and interview, the agency failed to ensure the director of nursing (DON) or alternate director of nursing (ADON) was able to be reached immediately or within a reasonable amount of time for 1 of 1 agency with the potential to affect all patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Information provided to ISDH evidenced the current phone number for the agency to be 219-769-1697. The ISDH information identified the agency's hours were 9 A - 5 P Monday through Friday. 2. On 5-29-12 at 9:30 AM CST, an 	N0454	<p>N O454. The administrator wish to state that the agency hours of operations and phone remains the same. Corrective measures; this deficiency has been corrected as follows: - (a) The administrator will be available in the office during hours of operation 9.00am -5.00pm. (b) The administrator has contacted AT&T and upgraded the agency phone system to include call forwarding features so that calls can be forwarded to the DON's cellular phone (219) 644-5788) during and after office hours; this will ensure the availability of a nurse to attend to clients/family need/in case of emergency. (d) The DON shall at all times review agency phone answering system to track/return calls. This will prevent the recurring of this deficiency in the near future and ensure that patients or any other concerned individuals can easily reach the DON 24 hours/seven</p>	06/06/2012			

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	<p>attempt was made to gain access to the agency. The front door was observed to be locked. The surveyor knocked on the door several times with no response. The interior office was dark; no lights were on. At 9:35 AM CST, a second attempt was made to gain access to the agency. The front door remained locked. The interior office remained dark. The surveyor knocked on the door several times with no response. At 10:45 AM CST, the front door remained locked and the interior office remained dark. At 11:45 AM CST, the front door remained locked and the interior office was dark.</p> <p>3. On 5/29/12 at 9:45 AM CST, a call was made to the agency at the listed number of 219-769-1697. A message from an answering machine identified the home health agency and indicated staff were away from their desks or assisting another client and to leave a message and the call would be returned at the earliest convenience. If an emergency, caller should dial 911. The surveyor left a message identifying self and purpose of visit with return phone call request and phone number to reach surveyor.</p> <p>A. At 10:45 AM CST, the surveyor phoned the agency again. The answering machine message again answered with the same message.</p>		<p>days a week. Evidenced by agency updated policy C-100 attached. 2. Corrective measures; this deficiency has been corrected as follows; - the administrator will be available in the office during hours of operation 9.00am -5.00pm. The administrator contacted AT&T and upgraded the agency phone system to include call forwarding features so that calls can be forwarded to his cellular phone (219) 644-5119) during and after office hours. This will prevent the recurring of this deficiency in the near future and ensure that patients or any other concerned individuals can easily reach the administrator 24 hours/seven days a week. Evidenced by agency updated policy C-100 attached. A. Corrective measures; this deficiency has been corrected as follows; - the administrator will be available in the office during hours of operation 9.00am -5.00pm. The administrator contacted AT&T and upgraded the agency phone system to include call forwarding features so that calls can be forwarded to his cellular phone (219) 644-5119) during and after office hours. This will prevent the recurring of this deficiency in the near future and ensure that patients or any other concerned individuals can easily reach the administrator 24 hours/seven days a week. Evidenced by agency updated policy C-100</p>				

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	<p>Surveyor left message identifying self, purpose of visit, request to return the cal, and phone number to reach surveyor.</p> <p>B. At 12:45 PM CST, surveyor made another phone call to agency number 219-769-1697 and left message identifying self, purpose of visit, requested return phone call as soon as possible, and left phone number to return the call.</p> <p>4. On 5/29/12 at 1:40 PM CST, the surveyor received a phone call from Employee A who identified self as administrator of 1st Option Adult Day Services and Home Health, LLC. Employee A indicated not being available earlier due to transporting the director of nursing, Employee B, to home visits for agency patients. Employee A indicated self to be otherwise present in the agency office during posted hours of 9 AM - 5 PM, Monday through Friday, and available to provide assistance to patients and clients. Employee A indicated Employee B worked full time nights elsewhere and would be available to agency full time when agency increased patient load. Employee A indicated Employee C worked full time elsewhere and would be available to agency full time when agency patient load increased. Employee A</p>		<p>attached. B. Corrective measures; this deficiency has been corrected by taking the following steps; - the administrator will be available in the office during hours of operation 9.00am -5.00pm. The administrator contacted AT&T and upgraded the agency phone system to include call forwarding features so that calls can be forwarded to his cellular phone (219) 644-5119) during and after office hours. This will prevent the recurring of this deficiency in the near future and ensure that patients or any other concerned individuals can easily reach the administrator 24 hours/seven days a week. Evidenced by agency updated policy C-100 attached. 4. Corrective measures; this deficiency has been corrected as follows; - the administrator will be available in the office during hours of operation 9.00am -5.00pm. The administrator contacted AT&T and upgraded the agency phone system to include call forwarding features so that calls can be forwarded to his cellular phone (219) 644-5788) during and after office hours. This will prevent the recurring of this deficiency in the near future and ensure that patients or any other concerned individuals can easily reach the administrator 24 hours/seven days a week. Evidenced by agency updated policy C-100 attached. 5. A The DON shall be</p>	

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	<p>indicated self to be available to the agency patients at all hours, minimally 40 hours per week. Employee A indicated being aware of non availability on 5-29-12 for clinical issues in the event a patient needed assistance. "We were seeing the patients. Patients could call the agency and leave a message."</p> <p>5. Employee A, on 5-31-12 10:00 AM CST, regarding Policy C-180, undated, indicated the policy is the current policy followed by the agency. The policy states, "The registered nurse shall be accessible at all times, 24 hours per day, by telephone and/or pager to meet client needs. The registered nurse will be available to make a home visit if needed."</p> <p>Employee B indicated the agency failed to follow its own policy in not having a registered nurse accessible at all times by telephone or to make a home visit if needed and the agency does use an answering machine to track phone calls to the agency and staff do return phone calls.</p>		<p>available for client's easy accessibility at all times, 24 hours a day, 7 days a week and clients can reach her cellular phone (219) 644-5788 to meet client's needs/ make home visit if needed. The DON will all times review gency phone answering system to track/return calls. This will prevent the deficiency from recurring. B. Corrective measures; this deficiency has been corrected as follows; - the DON business card is now included in patients admission folder for easy accessibility on 24 hours/7 days a week. Patients/clients are now instructed and encouraged to call the DON hotline (219) 644-5788 24 hours/7 days a week. This will ensure that the deficiency will not recur again. The administrator will be responsible for these corrective measures to ensure that this deficiency is corrected and will not recur in the near future</p>				

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N0456	<p>410 IAC 17-12-1(e) Home health agency administration/management Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following: (1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care. (2) Resolve identified problems. (3) Improve patient care.</p> <p>Based on interview, the agency failed to develop, implement, maintain, and evaluate a quality assessment and performance improvement program that evaluated the care provided to patients for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. On 5/31/12 at 2:15 PM, Employee A indicated the agency had not yet developed a program for quality assurance for the agency but plan to develop a program.</p> <p>The agency was unable to produce any documentation to evidence systemic monitoring and evaluation of the quality and appropriateness of patient care, resolving identified problems, and improving patient care.</p> <p>2. On 5/31/12 at 2:15 PM, the</p>	N0456	<p>N 0456. The administrator has updated the agency policies and procedures manual on program performance evaluation and quality assessment procedures that evaluates care provided to patients. The DON has been designated to handle this responsibility, nursing staff have been educated on how to strictly perform this function and will be monitored by the administrator. Evidenced by policy B- 240/260 2.The administrator took the following step; updated agency program evaluation procedures. The Director of Nursing was assigned the responsibility of implementing the agency evaluation program to ensure that the quality of care provided to patients meet state standard. And this corrective action effectively in operation. Evidenced by policy B- 240/260 and other related forms attached. and the following related forms attached. a). Program Assessment b) Clinical Record Review Audit Tool c) Clinical Record Review Summary d)</p>	06/07/2012			

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	administrator indicated the agency had a policy for quality assurance (Quality Assurance/Performance Improvement - B 260) that is supposed to be ongoing but the policy was not in practice yet. The administrator indicated there was no further documentation available regarding the Quality Assurance Program.		Clinical Record Review Form e) Target Outcome The administrator will be responsible for the monitoring of these corrective measures to ensure that this deficiency is corrected and will not recur in the near future	

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N0466	<p>410 IAC 17-12-1(j) Home health agency administration/management Rule 12 Sec. 1(j) The information obtained from the:</p> <p>(1) physical examinations required by subsection (h); and (2) tuberculosis evaluations and clinical follow-ups required by subsection (i) must be maintained in separate medical files and treated as confidential medical records, except as provided in subsection (k).</p> <p>Based on observation and interview, the agency failed to ensure the confidential medical records of employees were treated as confidential and maintained in separate medical files for 9 of 9 (A, B, C, D, E, F, G, H, I) personnel files reviewed with the potential to affect all employees of the agency.</p> <p>Findings include:</p> <p>1. On 5/31/12 at 10:20 AM, Employee A retrieved six (6) binders from a locked cupboard. Employee A indicated the binders held all documentation for employee files including the medical portion of the employee file. Observation evidenced files A, B, C, D, and E contained confidential medical information mingled with personnel information for each of the 5 direct employees of the agency (Employees A, B, C, D, and E.) File F contained all</p>	N0466	N 0466. 1. Corrective action; the administrator has promptly separated confidential medical records of employees (A,B,C,D, and E) and maintained the same records of employees (A,B,C,D, and E) in a separate individual file. The records are in a secured /locked cabinet.. File F for contract employees medical information has been separated and each employee now has a separate file that contains confidential medical information for (F,G,H, and I) contract employees. 2.. The administrator has promptly separated confidential medical records of employees (A,B,C,D and E) and maintained the same records in a separate individual file in a secured/locked cabinet. And the same for contract employees (F.G.H and I) The administrator will be responsible for these corrective measures to ensure that this deficiency will not recur in the near future	06/07/2012			

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	<p>contract employee files (Employee F, G, H, and I) with medical and personnel file information mingled.</p> <p>2. On 5/31/12 at 10:45 AM CST, Employee A and Employee B indicated not being aware that the medical portion of employee files needed to be kept separate from the administrative portion of the employees file.</p>			

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N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on interview, the agency failed to develop, implement, maintain, and evaluate a quality assessment and performance improvement program that evaluated the care provided to patients for 1 of 1 agency with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. On 5/31/12 at 2:15 PM, Employee A indicated the agency had not yet developed a program for quality assurance for the agency but plan to develop a program.</p> <p>The agency was unable to produce any documentation to evidence systemic monitoring and evaluation of the quality and appropriateness of patient care, resolving identified problems, and</p>	N0472	N 0472. The administrator took the following corrective action by reproducing/updating the agency's policies and procedures manual on program performance evaluation and quality assessment procedures that evaluates care provided to patients. The DON has been designated to handle this responsibility and will be monitored by the administrator. Evidenced by policy B- 240/260. 2.The administrator took the following action by updating agency program eveulation procedures. The Director of Nursing was assigned the responsibility of implementing the agency evaluation program to ensure that the quality of care provided to patients meet state standard. Nursing staff have been in-serviced to ensure proper performance of this duty. And this corrective action took effect	06/07/2012			

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	<p>improving patient care.</p> <p>2. On 5/31/12 at 2:15 PM, the administrator indicated the agency had a policy for quality assurance (Quality Assurance/Performance Improvement - B 260) that is supposed to be ongoing but the policy was not in practice yet. The administrator indicated there was no further documentation available regarding the Quality Assurance Program.</p>		<p>immediately. Evidenced by policy B- 240/260 and other related forms attached. a). Program Assessment b) Clinical Record Review Audit Tool c) Clinical Record Review Summary d) Clinical Record Review Form e) Target Outcome The administrator will be responsible for the monitoring of these corrective measures to ensure that this deficiency is corrected and will not recur in the near future</p> <p>The administrator has promptly separated confidential medical records of employees and maintained the same records in a separate individual file. On June 5th 2012, the administrator reproduced from the agency's policies and procedures manual program performance evaluation and quality assessment procedures that evaluates care provided to patients. Evidenced by policy B-240,260 and other related forms attached. 2. On June 5th 2012, the administrator reproduced from the agency's policies and procedures manual program performance evaluation and quality assessment procedures that evaluates care provided to patients. Evidenced by policy B-240, 260 and other related forms attached.</p>				

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NAME OF PROVIDER OR SUPPLIER 1ST OPTION ADULT DAY SERVICES & HOME HEALTH LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2600 WEST LINCOLN HIGHWAY MERRILLVILLE, IN 46410			
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N0488	<p>410 IAC 17-12-2(i) and (j) Q A and performance improvement Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least five (5) calendar days before the services are stopped.</p> <p>(j) The five (5) day period described in subsection (i) of this rule does not apply in the following circumstances: (1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient. (2) The patient refuses the home health agency's services. (3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or (4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p> <p>Based on interview and review of documents, the agency failed to ensure the agency developed and implemented a policy requiring a 5 day notice of discharge for 1 of 1 agency with the potential to affect all the agency's patients.</p>	N0488	N 0488 Corrective action; the administrator/DON have updated the agency's policy on discharge requirement, stating that "client will to be given 5 days' notice before discharge". Evidenced by agency policy C-740. 2. The administrator/DON updated the agency's policy on discharge requirement, stating that client is	06/06/2012			

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of agency document "Client Discharge Policy: C-740" states, "The Agency will notify the client 3 DAYS before the discharged day." 2. On 5/31/12 at 2:05 PM, employee A indicated a lack of awareness the agency needed to have a policy requiring a 5 day notice of discharge for agency patients. 		<p>to be given 5 days notice before discharged. Nursing staff have been in-serviced by DON about this policy update and will henceforth inform patients 5 days' notice before discharge. Evidenced by agency policy C-740. The administrator will be responsible for the monitoring of these corrective measures to ensure that this deficiency is corrected and will not recur in the near future</p>				

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N0496	<p>410 IAC 17-12-3(b) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (1) The patient's family or legal representative may exercise the patient's rights as permitted by law.</p> <p>Based on patient rights document and clinical record review and interview, the agency failed to inform patients of the specific patient's right to have their family or legal representative exercise the patient's rights as permitted by law for 3 of 3 (#1-3) patient records reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> The agency documents titled "Patient's Rights and Responsibilities" and "Home Care/Hospice Patient Rights and Responsibilities" failed to state the patient's right to have a family member or legal representative exercise the patient's rights as permitted by law. Clinical records 1-3 evidenced the patient received the "Patient's Rights and Responsibilities" document. Employee B, on 5-31-12 at 2:05 PM CST, indicated the documents were currently in use by the agency and that 	N0496	<p>N 0496. Corrective measures; the administrator has updated agency policy on Patient's Bill of Rights to state that patient has the "right to have their family member or legal representative exercise the patient's right as permitted by law". The DON has in-serviced the nursing staff on the need to fully explain these right to patient/family upon start of care 2. The administrator has directed the DON to ensure that patients receive the updated version of agency policy on Patient Bill of Rights and responsibilities. 2. B. The administrator has updated agency policy on Patient's Bill of Rights to state that patient has the right to have their family member or legal representative exercise the patient's right as permitted by law. And this current policy is fully in use now. The administrator will be responsible for the monitoring of these corrective measures to ensure that this deficiency is corrected and will not recur in the near future.</p> <ol style="list-style-type: none"> On May 30th, 2012, the administrator/ DON updated agency's policy on Patient Bill of Rights that reflected thus; 	06/06/2012

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	neither document contained the specific right related to a family member or legal representative being able to exercise the patient's rights as permitted by law.		patient's family or legal representative may exercise their legal rights as permitted by law. Evidenced by attached document. 2. On May 30th, 2012, the administrator/ DON updated agency's policy on Patient Bill of Rights that reflected thus; patient's family or legal representative may exercise their legal rights as permitted by law. Evidenced by attached document. 2B. On May 30th, 2012, the administrator/ DON updated agency's policy on Patient Bill of Rights that reflected thus; patient's family or legal representative may exercise their legal rights as permitted by law. Evidenced by attached document.		

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N0516	<p>410 IAC 17-12-3(d) Patient Rights Rule 12 Sec. 3(d) (d) The home health agency shall make available to the patient upon request, a written notice in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment, a listing of all individuals or other legal entities who have an ownership or control interest in the agency as defined in 42 CFR § 420.201, 42 CFR § 420.202, and 42 CFR § 420.206, in effect on July 1, 2005.</p> <p>Based on patient rights document and clinical record review and interview, the agency failed to inform patients of the right to request a listing of all individuals and other legal entities who have an ownership or control interest in the agency for 3 of 3 (#1-3) patient records reviewed with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> The agency documents titled "Patient's Rights and Responsibilities" and "Home Care/Hospice Patient Rights and Responsibilities" failed to state the patient's right to request a listing of all individuals and other legal entities who have an ownership or control interest in the agency . Clinical records 1-3 evidenced the 	N0516	<p>N 0516. Corrective action; the administrator/ DON updated agency's policy on Patient Bill of Rights that reflected thus; that patients have the right to request a listing of individuals and other entities who have an ownership or control interest in the agency. Evidenced by attached document. 2.The administrator has directed the DON to ensure that patients receive the updated version of agency policy on Patient Bill of Rights and responsibilities. 2. .The administrator/ DON updated agency's policy on Patient Bill of Rights that reflected thus; patients have the right to request a listing of individuals and other entities who have an ownership or control interest in the agency. Evidenced by attached document.</p>	06/07/2012			

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	<p>patient received the "Patient's Rights and Responsibilities" document.</p> <p>2. Employee B, on 5-31-12 at 2:05 PM CST, indicated the documents were currently in use by the agency and that neither document contained the specific right related the patient's right to request a listing of all individuals and other legal entities who have an ownership or control interest in the agency.</p>			