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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157252 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/07/2012 |
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| NAME OF PROVIDER OR SUPPLIER ALLIANCE HOME HEALTH SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 9615 N COLLEGE AVE INDIANAPOLIS, IN 46280 |
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| G0000 | <p>This visit was for a home health federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: September 5, 6, and 7, 2012</p> <p>Partially Extended Survey Date: September 7, 2012</p> <p>Facility Number: 006271</p> <p>Medicaid Vendor Number: 200176190A</p> <p>Surveyors: Kelly Ennis, BSN, RN, Public Health Nurse Surveyor, Team Leader Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 98 Home Health Aide Only: 0 Personal Care Only: 0 Total: 98</p> <p>Sample: RR w/HV: 5</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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| | <p>RR w/o HV: 5</p> <p>Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>September 10, 2012</p> | | | |

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| G0158 | <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 clinical record review, interview, and policy review, the home health agency failed to provide physical therapy services in accordance with the plan of care in 1 of 6 records reviewed of those patients receiving physical therapy services with the potential to affect all of the agency's patients who receive physical therapy services. (#4)</p> <p>The findings include:</p> <p>1. Clinical record #4, start of care 4/15/12 included a Home Health Certification and Plan of Care for the Certification Period from 4/5/12 to 6/3/12 with orders that state, "PT [Physical Therapy]: 2w1 [two times per week for one week, 3w4 [three times per week for 4 weeks], 2w3 [two times per week for three weeks]." The record evidenced three PT visits were made the week of 5/7/12 and 5/14/12. Only 2 visits per week were to be made during this time period. There were no doctors orders for the extra visits made.</p> | G0158 | Regulatio 484.18 Acceptance of Patients, POC,Med SuperClinical staff will be inserviced on this regulation on doctors orders/frequency of care changes by September 30, 2012.QA will continue to utilize MC calendars (60day) to follow frequencies/any change in frequencies/doctor orders on-going and followup as needed for necessary changes.QA will begin to utilize 60 day calendar for Medicaid & VA charts to monitor changes in frequencies/doctors orders for these changes and followup as necessary ongoing. | 09/30/2012 | | | |

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| | <p>2. On 9/7/12 at 3:30 PM, employee C, Director of Nursing, indicated no order was found for the extra PT visits made.</p> <p>3. Facility policy titled "Therapy Services" policy number C-240, revised 4/17/12 states, "Therapist shall provide services as determined by assessments and as per physician orders."</p> | | | |

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| G0229 | <p>484.36(d)(2) SUPERVISION The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure a supervisory visit of the home health aide was completed every 14 days in 1 of 6 records reviewed of patients who received skilled and home health aide services for longer than 14 days with the potential to affect all of the agency's patients that received skilled and home health aide services. (#9)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #9, start of care 8/1/12 evidenced the patient received skilled and home health aide services. Between 8/1/12 and 8/30/12, no supervisory visits were made. 2. On 9/5/12 at 10:15 AM, employee C, Director of Nursing, indicated supervisory visits for Home Health Aides are to be conducted every 14 days. 3. On 9/7/12 at 3:30 PM, employee C | G0229 | <p>Regulations 484.36(d)(2) Supervision Clinical staff will be inserviced on this regulation by September 30, 2012. A handout will be provided to all clinical staff which contains all supervision frequencies for all payor sources. QA will utilize skilled calendars (MC, MD, VA) to audit notes for supervisory visits on-going and followup with any discrepancies as they occur.</p> | 09/30/2012 |

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| | <p>indicated no documentation of supervisory visits was found.</p> <p>4. Facility policy titled "Supervision of Staff" policy number C-315, revised 2/4/11 states, "When clients are receiving skilled nursing services in addition to personal care, the Registered Nurse will make a supervisory visit to the client's residence at least every two (2) weeks. If only therapy services are being provided in addition to personal care, the supervisory visit may be done by the Therapist in place of the Registered Nurse."</p> <p>5. Facility policy titled "Home Health Aide Supervision" policy number C-340, revised 9/24/10 states, "Supervisory visits of Home Health Aides shall be according to the following frequency: When skilled services are being provided to a client, a Registered Nurse/Therapist must make a supervisory visit to the client's residence at least every two (2) weeks (either when the Home Health Aide is present to observe and assess care delivery, or when the Home Health Aide is absent) to assess relationships and determine whether goals are being met. Other skilled services (Physical Therapy, Speech or Occupational Therapy) but</p> | | | | |

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| | not skilled nursing: Supervision of Home Health Aides may be done by the appropriate Therapist at the client's residence at least every two (2) weeks ... Supervisory visits are to be documented in the client's chart on the Home Health Aide Supervision Form." | | | |

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| N0522 | <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 clinical record review, interview, and policy review, the home health agency failed to provide physical therapy services in accordance with the plan of care in 1 of 6 records reviewed of those patients receiving physical therapy services with the potential to affect all of the agency's patients who receive physical therapy services. (#4)</p> <p>The findings include:</p> <p>1. Clinical record #4, start of care 4/15/12 included a Home Health Certification and Plan of Care for the Certification Period from 4/5/12 to 6/3/12 with orders that state, "PT [Physical Therapy]: 2w1 [two times per week for one week, 3w4 [three times per week for 4 weeks], 2w3 [two times per week for three weeks]." The record evidenced three PT visits were made the week of 5/7/12 and 5/14/12. Only 2 visits per week were to be made during this time period. There were no doctors orders for the extra visits made.</p> | N0522 | Per Regulation 410 IAC 17-13-1(a) Patient Care Clinical staff will be inserviced on this regulation on doctor's orders/ frequency of care changes by September 30, 2012. QA will continue to utilize Medicare calendars (60 day) to follow frequencies/any changes in frequencies/doctors orders on-going and follow up as needed for necessary changes. QA will begin to utilize 60 day calendard for Medicaid and VA skilled charts to monitor changes in frequencies/doctor orders for these changes and follow up as needed ongoing. | 09/30/2012 | |

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| N0606 | <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, interview, and policy review, the agency failed to ensure a supervisory visit of the home health aide was completed every 14 days in 1 of 6 records reviewed of patients who received skilled and home health aide services for longer than 14 days with the potential to affect all of the agency's patients that received skilled and home health aide services. (#9)</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #9, start of care 8/1/12 evidenced the patient received skilled and home health aide services. Between 8/1/12 and 8/30/12, no supervisory visits were made. 2. On 9/5/12 at 10:15 AM, employee C, Director of Nursing, indicated supervisory visits for Home Health Aides are to be conducted every 14 | N0606 | Per Regulation 410 IAC 17-14-1(n) Scope of Services Clinical staff will be inserviced on this regulation by September 30, 2012. A handout will be provided to all clinical staff which contains all supervisory frequencies for all payor sources. QA will utilize skilled calendars to audit notes for supervisory visits on-going and follow up with any discrepancies as they occur. | 09/30/2012 | | | |

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| | <p>days.</p> <p>3. On 9/7/12 at 3:30 PM, employee C indicated no documentation of supervisory visits was found.</p> <p>4. Facility policy titled "Supervision of Staff" policy number C-315, revised 2/4/11 states, "When clients are receiving skilled nursing services in addition to personal care, the Registered Nurse will make a supervisory visit to the client's residence at least every two (2) weeks. If only therapy services are being provided in addition to personal care, the supervisory visit may be done by the Therapist in place of the Registered Nurse."</p> <p>5. Facility policy titled "Home Health Aide Supervision" policy number C-340, revised 9/24/10 states, "Supervisory visits of Home Health Aides shall be according to the following frequency: When skilled services are being provided to a client, a Registered Nurse/Therapist must make a supervisory visit to the client's residence at least every two (2) weeks (either when the Home Health Aide is present to observe and assess care delivery, or when the Home Health Aide is absent) to assess relationships and determine</p> | | | |

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| | whether goals are being met. Other skilled services (Physical Therapy, Speech or Occupational Therapy) but not skilled nursing: Supervision of Home Health Aides may be done by the appropriate Therapist at the client's residence at least every two (2) weeks ... Supervisory visits are to be documented in the client's chart on the Home Health Aide Supervision Form." | | | |