

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157590	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/13/2012
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NAME OF PROVIDER OR SUPPLIER ACCENT HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2346 S LYNHURST AVE STE 301 INDIANAPOLIS, IN 46241
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N0000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: December 10-13, 2012</p> <p>Facility Number: 011342</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Medicaid #: 200853860</p> <p>Census Service Type: Skilled: 137 Home Health Aide Only: 1 Personal Care Only: 0 Total: 138</p> <p>Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 18, 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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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 policy review, record review, and interview, the agency failed to ensure visits were provided as ordered in 2 of 5 records reviewed with the potential to affect all patients of the agency who receive Skilled Nursing and Physical Therapy services (#1 and #5).</p> <p>Findings include:</p> <p>1. Facility policy titled "Clinical Documentation" policy number C-680 undated states, "6. Services not provided and the reason for the missed visits will be documented and reported to the physician."</p> <p>2. Clinical record #1, start of care 11/13/12, contained a plan of care for the certification periods dated 11/13/12 - 01/11/13 with orders that state, "PT [Physical Therapy] Eval [evaluate] and Treat." Record contained document titled "Physical Therapy Care Plan" with orders for frequency and duration of 1 time per week for 1 week then 2 times</p>	N0522	The Administrator has inserviced all clinical staff to follow their plan of care. Missed visit forms will be completed at time of missed visit and MD notified. All paperwork for prior week to be turned in by clinical staff the following Tuesday by 4pm. All paperwork to be filed within correct client charts within seven days by clerical staff. Data entry to verify all clinical records weekly to assure plan of care frequency 4s are being followed as ordered. 10% of all clinical records will be audited quarterly for evidence of plan of cares being followed as prescribed.	12/28/2012	

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	<p>per week for 4 weeks. Review of the Physical Therapy Notes evidenced the following:</p> <p>A. Physical Therapy visited patient on 11/16/12, 11/21/12, 11/28/12, and 11/30/12. The record failed to evidence PT saw the patient two times the week of 11/18/12 - 11/24/12. The only visit made was on 11/21/12.</p> <p>B. On 12/13/12 at 3:50 PM, employee E, Registered Nurse, indicated a visit was missed and there was no PT missed visit note in chart.</p> <p>3. Clinical record #5, start of care 09/10/12, contained plan of care for the certification period dated 09/10/12 - 11/08/12 with Skilled Nursing (SN) orders 1 time per week for 3 weeks. Record contained plan of care for the certification period dated 11/09/12 - 01/07/13 with SN orders 1 time per week for 9 weeks. Review of the Nursing Visit Notes evidenced the following:</p> <p>A. SN visited patient on 11/01/12 and 11/14/12. The record failed to evidence any SN visits the week of 11/4/12 - 11/10/12.</p> <p>B. On 12/13/12 at 4:10 PM, employee E,</p>						

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	Registered Nurse, indicated visits were missed and there was no SN missed visit notes in chart.			