

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 01/12/2012
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NAME OF PROVIDER OR SUPPLIER  AMERICAN HOME HEALTH AND HOSPICE CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 79 S 700 W CUMBERLAND, IN46229
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S0000	<p>This visit was a hospice initial state licensure survey.</p> <p>Survey dates: 01/10-12/12</p> <p>Facility #: 012203</p> <p>Medicaid Vendor #: N/A</p> <p>Surveyors: Marty Coons, RN, PHNS</p> <p>Unduplicated census 11 Current census 3 3 active records reviewed 3 closed records reviewed 1 home visit made</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN January 18, 2012</p>	S0000		
S0547	<p>[The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (2) A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.</p> <p>Based on clinical record review and interview, the facility failed to ensure the plan of care (POC) included the frequency of PRN (as needed) visits and the reason for PRN visit for 3 (# 1, 2, and 3) of the 3</p>	S0547	<p>Correction: For all current active patients, new orders will be obtained and plans of care revise for all PRN frequency orders to indicate reason for the PRN visits and frequency of the PRN visits. All RN's, social workers, and</p>	01/27/2012

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>active records reviewed affecting all 3 of the current active patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The policy provided by the agency for review titled "Care Planning" states, "Content of the Plan of Care ... g. identification, in detail, of the scope and frequency of all services to be provided; the plan of care may include a range of visits and PRN orders for visit frequencies to ensure the most appropriate level of service is being provided."</li> <li>Clinical record # 1 evidenced a start of care (SOC) dated 10/13/11 with an updated POC established by the interdisciplinary group on 01/03/12 that identified the patient was to receive PRN visits by the skilled nurse (SN), the social worker (SW), bereavement (Brv), and for the physician visits. The POC failed to specify the frequency for the PRN visits to be made for each discipline and failed to provide a reason for the PRN visits for each discipline.</li> <li>Clinical record # 2 evidenced a SOC dated 12/06/11 with an updated POC established by the interdisciplinary group on 01/03/12 that identified the patient was to receive PRN visits by the SN, SW, Brv, physician, and occupational and physical</li> </ol>		<p>chaplains will receive education on proper documentaion of a detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs. Prevention: (completion date: 03/31/2012) 100% of clinical records will be audited each month through March 2012 for compliance with PRN visit reason and frequency of PRN visits. The Executive Director is responsible for compliance.</p>				

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S0795	<p>therapy visits. The POC failed to specify the number of PRN visits to be made for each discipline and failed to provide a reason for the PRN visits for each discipline.</p> <p>4. Clinical record # 3 evidenced a SOC dated 09/20/11 with an updated POC established by the interdisciplinary group on 01/03/12 that identified the patient was to receive PRN visits by the SN, SW, Bv, and physician. The POC failed to specify the number of PRN visits to be made for each discipline and failed to provide a reason for the PRN visits for each discipline.</p> <p>The hospice must obtain a criminal background check on all hospice employees who have direct patient contact or access to patient records. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.</p> <p>Based on facility policy and personnel file review, the hospice failed to ensure a limited criminal history was obtained as required in 2 (E and L) of 12 personnel</p>	S0795	Correction: Criminal background checks were found for employees E and L, attached. The criminal background checks were moved to the personnel files of employees E and L respectively,	01/12/2012			

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	<p>files reviewed allowing the potential for harm or imminent threat for the 3 current active patients of the hospice.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The policy provided by the hospice for review titled, "American Home Health and Hospice Care Criminal Conviction History Search" states, "As a prospective employee ... it is this agency's policy to secure Criminal Conviction history information as part of their pre-employment screening process ...."</li> <li>2. Personnel file E, date of hire 02-24-09, failed to evidence a criminal history was obtained pre-employment from the Indiana State Repository.</li> <li>3. Personnel file L, date of hire 09-27-11, failed to evidence a criminal history was obtained pre-employment from the Indiana State Repository.</li> </ol>		<p>for permanent storage. Prevention: (completion date: 12/31/2012) All personnel files will be audited for compliance with a criminal background check from the Indiana Central Repository within 14 days of hire and annually. The Executive Director is responsible for compliance.</p>				

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S9998	<p>Sec. 2. (a) A person who owns or operates a hospice program shall apply, not more than three (3) business days after the date that an employee or volunteer begins to provide hospice services, for a copy of the employee's or volunteer's limited criminal history from the Indiana Central Repository for criminal history information under IC 5-2-5.</p> <p>(b) A hospice program may not employ an individual or allow a volunteer to provide hospice services for more than three business days without applying for that person's limited criminal history as required by subsection (a).</p> <p>Sec. 3 (b) A hospice program may not employ a person to or allow a volunteer to provide hospice services for more than twenty-one calendar days without receipt of that person's limited criminal history required by section 2 of this chapter, unless the Indiana Central Repository for criminal history information under IC 5-2-5 is solely responsible for failing to provide the person's limited criminal history to the hospice program within the time required under this subsection.</p> <p>Based on facility policy and personnel file review, the hospice failed to ensure a limited criminal history was obtained as required in 2 (E and L) of 12 personnel files reviewed allowing the potential for harm or imminent threat for the 3 current active patients of the hospice.</p> <p>Findings include:</p> <p>1. The policy provided by the hospice for review titled, "American Home Health</p>	S9998	<p>Correction:Criminal background checks were found for employees E and L, attached. The criminal background checks were moved to the personnel files of employees E and L respectfully, for permanent storage.</p> <p>Prevention: (completion date: 12/31/2012) All personnel files will be audited for compliance with a criminal background check from the Indiana Central Repository within 14 days of hire and annually. The Executive Director is responsible for compliance.</p>	01/12/2012			

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	<p>and Hospice Care Criminal Conviction History Search" states, "As a prospective employee ... it is this agency's policy to secure Criminal Conviction history information as part of their pre-employment screening process ...."</p> <p>2. Personnel file E, date of hire 02-24-09, failed to evidence a criminal history was obtained pre-employment from the Indiana State Repository.</p> <p>3. Personnel file L, date of hire 09-27-11, failed to evidence a criminal history was obtained pre-employment from the Indiana State Repository.</p>						