STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	157632	A. BUILDING 00 B. WING	04/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RELIANT AT HOME LTD	341 LOGAN ST STE L110 NOBLESVILLE, IN 46060

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G000000	This was a federal home health complaint investigation. Complaint #: IN00145406 - Substantiated. Federal deficiencies related to the allegation are cited. Unrelated deficiencies are also cited. Survey date: April 16, 2014 Facility #: 012546 Medicaid #: 201027880 Surveyor: Miriam Bennett, RN, BSN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN April 22, 2014	G000000	Plan of correction Below	
G000158	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. Based on clinical record review, policy review, and interview, the agency failed to ensure Home Health Aide (HHA)	G000158	G 158 - The Administrator has inserviced the office management on the documentation of notification to caregiver or patient	04/17/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	services were provided as ordered for 1 of 3 clinical records reviewed, with the potential to affect all the agency's patients who receive HHA services. (# 3) Findings include 1. Clinical record #3, start of care (SOC) date 1/9/14, contained a Home Health Certification and Plan of Care (POC) dated 1/9-3/9/14 with orders for skilled nurse (SN) 1 visit per month for 2 months and Home Health Aide (HHA) 10 hours per day for 60 days to assist with Activities of Daily Living and Individual Activities of Daily Living. A POC correction dated 1/9/14 states, "Patient to receive 8 hours a day via Medicaid PA and 2 hours a day via Medicaid waiver." a. The record failed to evidence HHA 2 hour waiver services were provided on 1/13, 14, 15, 16, 17, 18, 24, 2/1, 14, 15, 18, 19, 20, 21, 3/1, and 3/2/14. The record failed to evidence reasons for the missed visits and failed to evidence the physician was notified for 1/13-1/18/14. b. The record evidenced several Missed Visit Notification (MVN) forms: the MVN note dated 1/20/14 states, "Aide services -not able to fill entire shift of 9-5. Was able to staff from 8 AM- 12 PM."		within 24 hours of significant changes per policy CLIN2017. Memo will be dispensed to the HHA staff reminding them of notification of the office ASAP of any staffing adjustment not the patient. Disciplinary action will be taken on those HHA who breach company policy and do not notify. Office Staff meeting held on 4/17/14 by Administrator. HHA memo wil be placed in the 5/16/14 payroll. 10% of all clinical records will be audited quarterly for evidence that coordination notes are entered into the clinical record of notification of patient/caregiver of adjustments and appropriate communication is occurring between the HHA staff and the office administrator The Clinical director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recor.	

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c. The MVN noted dated 1/26/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM- was able to staff 1 P- 7 PM."

d. The MVN noted dated 2/3/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM- did find staffing for 12:30 P-5:30 P."

e. The MVN noted dated 2/10/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM or 7-9 PM shift- was able to staff 7:00 AM- 11:00 AM, then again 1:30 P-5:00 PM on Sunday 2/9/14.

f. The MVN noted dated 2/17/14 states, "Aide services- HHA visit missed on eve of 2/14/14, 2/15/14. Unable to restaff."

g. The MVN noted dated 2/17/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM and 7-9 P on Sunday 2/16/14. Was able to find staff to work 9:00-9:45 AM and 1:30-6:30 PM."

h. The MVN noted dated 2/27/14 states, "Aide services- not able to staff 7-9 PM shift."

i. A patient Coordination Note dated

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	3/1/14 states, "On 3/1/14 aide [name] worked AM shift but was unable to train new HHA for case. I have contacted [4 more aide names] to see if they could go to pt home for the hours of 1900 hrs [hours] to 2100 hrs but no staff member was able to go. ... I spoke with [patient's spouse] at 18:45 hrs to inform we are unable to staff the PM shift tonight but will be in the home with new staff ember at 0800 hrs on 3/2/14." j. A patient Coordination Note dated 3/2/14 states, "On 3/2/14 aide [name] contacted me to inform me the new HHA [aide name] who was in the home today would have to leave...When the HHA was in the office on Friday 2/28/14 [aide] had informed us [aide] was able to work weekends and would start working in the [patient's] home today. I got a call from [aide] saying the new HHA had to leave 14:00 hrs. I have contacted [four aide names] to try to cover the shift. At this time I am waiting to hear back from [aide name] to see if can cover 14:00-17:00 hrs." k. The MVN dated 3/9/14 states, "On 3/2, 3/8 not able to staff for 9 A- 5 PM. 3/2 staffed 5 A-2 PM, 3/3 staffed 10:30-5:30 P. Not able to staff full shift for 3/7/14 for PM shift on 3/7 was only able to cover 8:15-9:15 PM."			

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	2. On 4/16/14 at 11:55 AM, employee B indicated the HHAs did not differentiate PA hours versus waiver hours for patient #3. 3. On 4/16/14 at 12:30 PM, employee A indicated for the first three days patient #3 we could not find staff to cover for the weekend, but the patient still had their previous agency, Care Force One, and they covered that weekend care. 4. On 4/16/14 at 12:40 PM, employee B indicated on 2/17/14 the aide showed up to provide care and the patient's spouse did not answer the door, nor their phone when we attempted calls to tell them the aide was waiting outside. 5. On 4/16/14 at 1:00 PM, employee C indicated they called patient #3's spouse to notify when the agency did not have coverage for staff but did not receive an answer on the phone. Had to leave messages. Employee C indicated they did not document the phone call on 2/17, but typically they do document the calls. 6. On 4/16/14 at 1:20 PM, employee B indicated the policy for missed visits says to document notification of patient/family in the computer under communication notes, but they were not surprised it was			

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	not in there for 2/17. Employee B indicated patient #3 was discharged by the agency due to staffing difficulties and also due to the patient using abusive language toward the staff. Employee B indicated they called and spoke with the patient's spouse about the discharge when the spouse called upset about an aide situation. 7. On 4/16/14 at 1:30 PM, employee C indicated they called the HHA that also works for Care Force One and that employee said they covered the weekend of 1/11 and 1/12 fro 3-5 PM and 7-9 PM. 8. On 4/16/14 at 1:35 PM, employee B indicated on the weekend of 2/14 and 2/15 the HHA called the patient and told them they would not be there, but did not call and tell us here at the office. We found an aide to go in on 2/14 and 2/15 just to spot check and make sure the patient was fed and changed at least two times each day, and employee C indicated they did speak with the patient's spouse to tell them, but did not document each phone call. 9. On 4/16/14 at 2:10 PM, employee B indicated there is a communication problem between the agency and patients in regards to not having coverage available.			

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	10. The agency's policy titled "Patient Notification of Changes in Care," #CLIN2017, reviewed 1/15/14, states "The patient will be notified within 24 hours of any significant changes in the agreed-upon schedule or plan of care. Visit Schedule 1. Clinicians will contact the patient the night prior to or morning of a visit to verify the approximate time of the visit (within a two-hour time span). 2. Any significant changes will be called into the office e.g., moving a visit from morning to afternoon). 3. When a significant variation of tentative time for visit (i.e., greater than one (1) hour is anticipated, the clinical personnel will notify the patient of the change and verify acceptance. 4. When a visit cannot be made because of unforeseen problems, personnel will immediately notify the office."			
G000159	484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other			

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	appropriate items. Based on clinical record review and interview, the agency failed to ensure the plan of care was the same in different records for 1 of 3 clinical records reviewed, with the potential to affect all the agency's patients. (#2) Findings include 1. Clinical record #2 had two charts, one for Medicaid and one for Medicare. The Medicaid chart contained a POC dated 1/31-3/31/14 with orders for skilled nurse (SN) 1 visit per month for 2 months and Home Health Aide (HHA) 1-8 hours per day for 9 weeks 8 hours per day 7 days a week, patient to receive 4 hours per day 5 days per week until Medicare episode discharge. Will resume full 8 hours when Medicare discontinued. Medicaid waiver 8 hours per day Saturday and Sunday for Individual Activities of Daily Living support and respite. A second POC was in the Medicare chart and contained a POC dated 1/31-3/31/14 with orders for SN 1 visit per week for 1 week assessment and evaluation of needed services, and SN 2 visits per week for 8 weeks for wound care, and HHA 1-4 hours per day for 9 weeks... 4 hours per day, 5 days per	G000159	G 159 - Administrator will be responsible for education of the Clinical Director and the RN casemanagers in the development of dual eligible charts. POC should hold the same language for both payers. Payer split being clearly defined on both POC. RN staff meeting will be held on 5/14/14. All dual eligible charts will be audited quarterly to ensure the POC match in verbage to prevent scheduling confusion. The Clinical Director will be responsible for ongoing monitoring of this corrective action to ensure this variance will not recur.	05/14/2014

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	week until Medicare episode DC to cover 27 hours rule. 2. On 4/17/14 at 2:10 PM, employee B indicated this patient has two POCs due to the payer sources, they are running Medicare 4 hours and Medicaid 4 hours each day for the HHA services.			
G000229	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. Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (RN) completed a supervisory visit of the Home Health Aide (HHA) every 14 days in 1 of 3 records reviewed of patients who received skilled and HHA services for longer than 14 days, creating the potential to affect all the agency's patients who receive skilled and HHA services for longer than 14 days. (#3) Findings include 1. Clinical record #3, start of care 1/9/14, contained a Home Health Certification and Plan of Care (POC) dated 1/9-3/9/14 with orders for skilled nurse (SN) 1 visit	G000229	G229 Clinical Director will inservice the RN case managers on the supervisory visit cycle. Every two weeks for skilled care and monthly for non skilled care. If client is a dual eligible both care plans will read every two week supervisory visits to prevent staffing confusion. Training will occur during RN staff meeting scheduled for 5/14/1410% of all clincial records will be audited quarterly for evidence that a supervisory visits are being performed per company and Federal policy The Clinical Director will be responsible for monitoring this action to ensure that this deficiency is corrected and will not recur.	05/14/2014

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	per month for 2 months and Home Health Aide (HHA) 10 hours per day for 60 days to assist with Activities of Daily Living and Individual Activities of Daily Living. A POC correction dated 1/9/14 states, "Patient to receive 8 hours a day via Medicaid PA and 2 hours a day via Medicaid waiver." HHA services began on 1/13/14 and the record failed to evidence a supervisory visit was conducted until 1/31/14. 2. On 4/16/14 12:35 PM, employee B indicated there was not a supervisory visit for the aide before 1/31/14. 3. The agency's policy titled "Home Health Aide Supervisory Visits," # CLIN3013, reviewed 1/15/14 states "1. The frequency of supervisory visits will be based upon the needs of the patient after the plan of care is established. They must be conducted at least every two (2) weeks. ... 4. Supervisory visits and overall supervision will be documented in the clinical record. A. Supervisory visits will be documented on a supervisory visit form."			
G000324	484.20(c)(2) TRANSMITTAL OF OASIS DATA The HHA must, for all assessments completed in the previous month, transmit			

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	OASIS data in a format that meets the requirements of paragraph (d) of this section. Based on clinical record review, policy review, and interview, the agency failed to ensure all Outcome Assessment and Information Set (OASIS) data completed was submitted the following month and failed to ensure an OASIS discharge was completed for 1 of 3 records reviewed with the potential to affect all the records required to obtain and submit OASIS data information. (#3) Findings include 1. Clinical record #3, start of care 1/9/14, contained a Comprehensive Adult Nursing Assessment completed on 1/9/14. This document failed to evidence a date of Review, Entered, and Transmitted as of 4/16/14. Clinical record #3 evidenced the patient was discharged on 3/4/14. As of 4/16/14, the record failed to evidence an OASIS discharge assessment had been completed. 2. On 4/17/14 at 1:55 PM, employee B indicated this information from the SOC was not done, locked or sent because the patient was started under the concept of only needing help with activities of daily living. Employee B also indicated the	G000324	G324 We have two methods of OASIS documentation. Electronic and paper submission by our RN and PT casemanagers. In chart reviewed this was a paper chart vs an electronic chart and the OASIS was not hand entered into the system for export. Clinical Director was educated on 4/17/14, but new Clinical Director hired on 4/28/14 is also aware of process to prevent future reoccurrences. 10% of all OASIS driven charts will be audited quarterly to ensure the paper process is completed and no electronic transmissions of data is missed. Electronic charts are auto synced and placed in export file on each SOC/ROC/Recert/DC/Transfer. Clinical Director will be responsible for monitoring these correction actions to ensure that this deficiency is corrected and will no recur.	04/17/2014

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	nurse did a discharge summary, but not a discharge OASIS assessment. 3. The agency's policy titled "OASIS Data Transmission," # CLIN2059, reviewed 1/15/14 states "1. The organization will encode and transmit completed OASIS data for each applicable patient within thirty (30) days of completing the appropriate OASIS data set. A. OASIS data is collected and completed by the qualified clinician as part of the comprehensive assessment at the required time points (i.e. start of care, resumption of care, follow-up, transfer to inpatient facility with or without discharge, discharge to community, and death at home.) B. The organization may take up to thirty calendar days after the date of completion of the comprehensive assessment to enter the OASIS data into their computers using HAVEN or HAVEN-like software that conforms to all CMS data transmission specifications available on the OASIS website. C. All OASIS data items must be complete, i.e. locked, in order to accurately compute the information necessary for billing Medicare patients under the prospective payment system. ... 3. The organization must electronically transmit accurate, complete and encoded OASIS data for each patient to the State agency or CMS OASIS contractor at least			

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	monthly. ... 4. A tracking mechanism will be utilized by the organization to ensure accuracy and timeliness of OASIS data and transmission."			
N000000				
	This was a state home health complaint investigation. Complaint #: IN00145406 - Substantiated. State deficiencies related to the allegation are cited. Unrelated deficiencies are also cited. Survey date: April 16, 2014 Facility #: 012546 Medicaid #: 201027880 Surveyor: Miriam Bennett, RN, BSN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN April 22, 2014	N000000	Plan of correction Below	
N000522	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established			

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	and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record review, policy review, and interview, the agency failed to ensure Home Health Aide (HHA) services were provided as ordered for 1 of 3 clinical records reviewed, with the potential to affect all the agency's patients who receive HHA services. (# 3) Findings include 1. Clinical record #3, start of care (SOC) date 1/9/14, contained a Home Health Certification and Plan of Care (POC) dated 1/9-3/9/14 with orders for skilled nurse (SN) 1 visit per month for 2 months and Home Health Aide (HHA) 10 hours per day for 60 days to assist with Activities of Daily Living and Individual Activities of Daily Living. A POC correction dated 1/9/14 states, "Patient to receive 8 hours a day via Medicaid PA and 2 hours a day via Medicaid waiver." a. The record failed to evidence HHA 2 hour waiver services were provided on 1/13, 14, 15, 16, 17, 18, 24, 2/1, 14, 15, 18, 19, 20, 21, 3/1, and 3/2/14. The record failed to evidence reasons for the missed visits and failed to evidence the physician was notified for 1/13-1/18/14.	N000522	G 158 - The Administrator has inserviced the office management on the documentation of notification to caregiver or patient within 24 hours of significant changes per policy CLIN2017. Memo will be dispensed to the HHA staff reminding them of notification of the office ASAP of any staffing adjustment not the patient. Disciplinary action will be taken on those HHA who breach company policy and do not notify. Office Staff meeting held on 4/17/14 by Administrator. HHA memo wil be placed in the 5/16/14 payroll. 10% of all clinical records will be audited quarterly for evidence that coordination notes are entered into the clinical record of notification of patient/caregiver of adjustments and appropriate communication is occurring between the HHA staff and the office administrator The Clinical director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	04/17/2014

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RELIANT AT HOME LTD	341 LOGAN ST STE L110 NOBLESVILLE, IN 46060

(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
	b. The record evidenced several Missed Visit Notification (MVN) forms: the MVN note dated 1/20/14 states, "Aide services -not able to fill entire shift of 9-5. Was able to staff from 8 AM- 12 PM." c. The MVN noted dated 1/26/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM- was able to staff 1 P- 7 PM." d. The MVN noted dated 2/3/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM- did find staffing for 12:30 P-5:30 P." e. The MVN noted dated 2/10/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM or 7-9 PM shift- was able to staff 7:00 AM- 11:00 AM, then again 1:30 P-5:00 PM on Sunday 2/9/14. f. The MVN noted dated 2/17/14 states, "Aide services- HHA visit missed on eve of 2/14/14, 2/15/14. Unable to restaff." g. The MVN noted dated 2/17/14 states, "Aide services- not able to staff full shift of 9 AM-5 PM and 7-9 P on Sunday 2/16/14. Was able to find staff to work 9:00-9:45 AM and 1:30-6:30 PM."			

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	h. The MVN noted dated 2/27/14 states, "Aide services- not able to staff 7-9 PM shift." i. A patient Coordination Note dated 3/1/14 states, "On 3/1/14 aide [name] worked AM shift but was unable to train new HHA for case. I have contacted [4 more aide names] to see if they could go to pt home for the hours of 1900 hrs [hours] to 2100 hrs but no staff member was able to go. ... I spoke with [patient's spouse] at 18:45 hrs to inform we are unable to staff the PM shift tonight but will be in the home with new staff ember at 0800 hrs on 3/2/14." j. A patient Coordination Note dated 3/2/14 states, "On 3/2/14 aide [name] contacted me to inform me the new HHA [aide name] who was in the home today would have to leave...When the HHA was in the office on Friday 2/28/14 [aide] had informed us [aide] was able to work weekends and would start working in the [patient's] home today. I got a call from [aide] saying the new HHA had to leave 14:00 hrs. I have contacted [four aide names] to try to cover the shift. At this time I am waiting to hear back from [aide name] to see if can cover 14:00-17:00 hrs."			

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	k. The MVN dated 3/9/14 states, "On 3/2, 3/8 not able to staff for 9 A- 5 PM. 3/2 staffed 5 A-2 PM, 3/3 staffed 10:30-5:30 P. Not able to staff full shift for 3/7/14 for PM shift on 3/7 was only able to cover 8:15-9:15 PM." 2. On 4/16/14 at 11:55 AM, employee B indicated the HHAs did not differentiate PA hours versus waiver hours for patient #3. 3. On 4/16/14 at 12:30 PM, employee A indicated for the first three days patient #3 we could not find staff to cover for the weekend, but the patient still had their previous agency, Care Force One, and they covered that weekend care. 4. On 4/16/14 at 12:40 PM, employee B indicated on 2/17/14 the aide showed up to provide care and the patient's spouse did not answer the door, nor their phone when we attempted calls to tell them the aide was waiting outside. 5. On 4/16/14 at 1:00 PM, employee C indicated they called patient #3's spouse to notify when the agency did not have coverage for staff but did not receive an answer on the phone. Had to leave messages. Employee C indicated they did not document the phone call on 2/17, but typically they do document the calls.			

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	6. On 4/16/14 at 1:20 PM, employee B indicated the policy for missed visits says to document notification of patient/family in the computer under communication notes, but they were not surprised it was not in there for 2/17. Employee B indicated patient #3 was discharged by the agency due to staffing difficulties and also due to the patient using abusive language toward the staff. Employee B indicated they called and spoke with the patient's spouse about the discharge when the spouse called upset about an aide situation. 7. On 4/16/14 at 1:30 PM, employee C indicated they called the HHA that also works for Care Force One and that employee said they covered the weekend of 1/11 and 1/12 fro 3-5 PM and 7-9 PM. 8. On 4/16/14 at 1:35 PM, employee B indicated on the weekend of 2/14 and 2/15 the HHA called the patient and told them they would not be there, but did not call and tell us here at the office. We found an aide to go in on 2/14 and 2/15 just to spot check and make sure the patient was fed and changed at least two times each day, and employee C indicated they did speak with the patient's spouse to tell them, but did not document each phone call.			

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	9. On 4/16/14 at 2:10 PM, employee B indicated there is a communication problem between the agency and patients in regards to not having coverage available. 10. The agency's policy titled "Patient Notification of Changes in Care," #CLIN2017, reviewed 1/15/14, states "The patient will be notified within 24 hours of any significant changes in the agreed-upon schedule or plan of care. Visit Schedule 1. Clinicians will contact the patient the night prior to or morning of a visit to verify the approximate time of the visit (within a two-hour time span). 2. Any significant changes will be called into the office e.g., moving a visit from morning to afternoon). 3. When a significant variation of tentative time for visit (i.e., greater than one (1) hour is anticipated, the clinical personnel will notify the patient of the change and verify acceptance. 4. When a visit cannot be made because of unforeseen problems, personnel will immediately notify the office."			
N000524	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff.			

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	(B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on clinical record review and interview, the agency failed to ensure the plan of care was the same in different records for 1 of 3 clinical records reviewed, with the potential to affect all the agency's patients. (#2) Findings include 1. Clinical record #2 had two charts, one for Medicaid and one for Medicare. The Medicaid chart contained a POC dated 1/31-3/31/14 with orders for skilled nurse (SN) 1 visit per month for 2 months and Home Health Aide (HHA) 1-8 hours per day for 9 weeks 8 hours per day 7 days a	N000524	G 159 - Administrator will be responsible for education of the Clinical Director and the RN casemanagers in the development of dual eligible charts. POC should hold the same language for both payers. Payer split being clearly defined on both POC. RN staff meeting will be held on 5/14/14. All dual eligible charts will be audited quarterly to ensure the POC match in verbage to prevent scheduling confusion. The Clinical Director will be responsible for ongoing monitoring of this corrective action to ensure this variance will not recur.	05/14/2014

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	week, patient to receive 4 hours per day 5 days per week until Medicare episode discharge. Will resume full 8 hours when Medicare discontinued. Medicaid waiver 8 hours per day Saturday and Sunday for Individual Activities of Daily Living support and respite. A second POC was in the Medicare chart and contained a POC dated 1/31-3/31/14 with orders for SN 1 visit per week for 1 week assessment and evaluation of needed services, and SN 2 visits per week for 8 weeks for wound care, and HHA 1-4 hours per day for 9 weeks... 4 hours per day, 5 days per week until Medicare episode DC to cover 27 hours rule. 2. On 4/17/14 at 2:10 PM, employee B indicated this patient has two POCs due to the payer sources, they are running Medicare 4 hours and Medicaid 4 hours each day for the HHA services.			
N000606	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. Based on clinical record review, policy review, and interview, the agency failed	N000606	G229 Clinical Director will inservice the RN case managers	05/14/2014

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	to ensure the registered nurse (RN) completed a supervisory visit of the Home Health Aide (HHA) every 14 days in 1 of 3 records reviewed of patients who received skilled and HHA services for longer than 14 days, creating the potential to affect all the agency's patients who receive skilled and HHA services for longer than 14 days. (#3) Findings include 1. Clinical record #3, start of care 1/9/14, contained a Home Health Certification and Plan of Care (POC) dated 1/9-3/9/14 with orders for skilled nurse (SN) 1 visit per month for 2 months and Home Health Aide (HHA) 10 hours per day for 60 days to assist with Activities of Daily Living and Individual Activities of Daily Living. A POC correction dated 1/9/14 states, "Patient to receive 8 hours a day via Medicaid PA and 2 hours a day via Medicaid waiver." HHA services began on 1/13/14 and the record failed to evidence a supervisory visit was conducted until 1/31/14. 2. On 4/16/14 12:35 PM, employee B indicated there was not a supervisory visit for the aide before 1/31/14. 3. The agency's policy titled "Home Health Aide Supervisory Visits," #		on the supervisory visit cycle. Every two weeks for skilled care and monthly for non skilled care. If client is a dual eligible both care plans will read every two week supervisory visits to prevent staffing confusion. Training will occur during RN staff meeting scheduled for 5/14/1410% of all clincial records will be audited quarterly for evidence that a supervisory visits are being performed per company and Federal policy The Clinical Director will be responsible for monitoring this action to ensure that this deficiency is corrected and will not recur.	

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	CLIN3013, reviewed 1/15/14 states "1. The frequency of supervisory visits will be based upon the needs of the patient after the plan of care is established. They must be conducted at least every two (2) weeks. ... 4. Supervisory visits and overall supervision will be documented in the clinical record. A. Supervisory visits will be documented on a supervisory visit form."			