STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	15K008	A. BUILDING 00 B. WING	01/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NURSE CARE INC	790 E MARLEY DR TERRE HAUTE, IN 47802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
G 0000 Bldg. 00	This visit was for a federal re-certification survey of a home health agency. The survey was partially extended on 1/5/18. Survey dates: 1/2, 3, 4, 5, 8, and 9/18 Facility ID: IN005865 Medicaid #: 200237950 Census: 74 Unduplicated admissions past 12 months: 114 Records reviewed: 11 Home visits: 5	G 0000		
G 0135 Bldg. 00	484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities. Based on review of agency public information materials and interview, the	G 0135	1.This deficiency is being corrected by the following: All old brochures have been	02/02/2018

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

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	administrator failed to update the agency's brochure. Findings included: 1. Review of the agency's brochure in the patient's admission packet on 1/2/18 post entrance conference, it was noted that the brochure contained "Montgomery" county as one of the counties served. During an interview at 12:30 PM, Employee A indicated that the agency no longer serves this county. A. The agency brochure indicated in "Home Health Services" that "Therapy" was "available by contract". During an interview at 12:30 PM, Employee B indicated that this was not accurate and stated, "we need to update that".		destroyed A revised brochure with the following changes has been sent to the printer : - deleting therapy available by contract, -the deletion of Montgomery County as a county being served, 2. It will be prevented from recurring by: The Administrator will review the brochure periodically to ascertain that the information is still correct 3. The Administrator is responsible to see that this is done.	
G 0157 Bldg. 00	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. Based on record review, the agency failed to ensure all of the patients' needs were	G 0157	1. Several things will be done to correct this deficiency: -The administrative staff was inserviced on the state and federal	02/09/2018

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	adequately met in 5 of 11 records reviewed. (#2, 3, 6, 7, and 8) Findings included: 1. Record review of patient number (#) 2, certification period 7/16/17 to 9/12/17, included a plan of care (POC) with orders signed by a physician for HHA [home health aide] to visit 2 hours 3 times per week for assistance with sponge bath, shampooing hair, assistance with toileting, meal prep, encourage activity, ROM [range of motion] exercises, encourage socialization, clean bathroom after bathing, and light housekeeping. A. An HHA visit was made on 7/28/17 and then not again until 8/9/17, 12 days later. Missed visit notes dated 7/31, 8/2, and 8/7 indicated, missed visit type: No staff. There was no evidence of a missed visit note for 8/4/17. The agency failed to provide staff as ordered on the POC. 2. Record review of patient #3, certification period 10/3/17 to 12/1/17, included a POC with orders signed by a physician for ATTC [attendant care] 2 hours 3 times per week to assist with showering, shampooing, grooming, foot care (no nail trimming), skin and peri [perineal] care, assist with walking		rules governing visits. -Before accepting a new patient, we will determine that we have adequate staff in that area. - Employee recruitment will be increased to ensure adequate staff. -If a particular visit is missed, an alternate visit date will be offered to remain within the plan of care range and documented -Missed visit notes will be written for each missed visit - Back up staff in office will make visit if no field staff available. -Better documentation when a visit is moved from the original scheduled date to a new date, staying within the physician's frequency. -Administrative staff will ensure all agency policies are followed. - Increase employee recruitment 2. This deficiency will be prevented from happening again by the Director of Nursing and the Administrator supervising the Staffing Coordinator closely to assure visits are being made according to physician orders. 3. The Administrator, Director of Nursing will be responsible .	

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	PRN [as needed], remind to take medications, encourage activities and socialization, meal prep, clean bathroom after shower. A. An ATTC activity note for the week ending 10/15/17, indicated visits made on 10/9 and 10/11. There was no evidence of a missed visit note for the third visit. B. An ATTC activity note for the week ending 10/22/17, indicated a visit was made on 10/20. A missed visit note dated 10/16, indicated, reason: No staff. A missed visit note dated 10/18, indicated, reason: No staff. C. An ATTC activity note for the week ending 11/19/17, indicated a visit was made on 11/15. A missed visit note dated 11/17 included, missed visit type: Client refused. D. An ATTC activity note for the week ending 11/26/17, indicated visits on 11/20 and 11/22. A missed visit note dated 11/24 included, reason: Client wasn't home d/t holiday. The agency failed to communicate an attempt to reschedule a visit. E. No visits were made the week ending 12/1/17. Missed visit notes dated 11/28 and 11/29 included, reason: HHA on			

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	vacation. The agency failed to provide staff. 3. Record review of patient #6, certification period 10/19/17 to 12/17/17, included a POC with orders signed by a physician for ATTC 2 hours 3 times per week to assist with bathing, shampooing, shaving, grooming, peri care, foot care, skin care, dressing, meal prep, serve meal, encourage fluids, encourage socialization, and light housekeeping. A. An ATTC activity note for the week ending 10/29/17, indicated visits were made on 10/26 and 10/27. A missed visit note dated 10/28/17, indicated, reason: Client did not answer his phone. B. An ATTC activity note for the week ending 11/5/17, indicated visits were made on 10/31 and 11/2. A missed visit note dated 11/5/17, indicated, reason: Client did not answer his phone. C. An ATTC activity note for the week ending 11/19/18, indicated visits were made on 11/14 and 11/16. A missed visit note dated 11/19/17, indicated, reason: Client refused services today. The agency failed to include documentation that alternate visit days were offered.			

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	4. Record review of patient #7, certification period 10/29/17 to 12/27/17, included a POC with orders signed by a physician for HHA 6 times per week, 2 hours per day to assist with showering or sponge bath, shampoo and comb hair PRN, nail and foot care-no nail cutting; assist with dressing, skin care, encourage socialization and activity, shave PRN, prepare food and serve PRN. A. Record review indicated 4 HHA visits were made during the week ending 11/4/17. A missed visit note on 11/3/17, indicated, reason: No staff available. B. Record review indicated 4 HHA visits were made during the week ending 11/11/17. A missed visit note dated 11/7/17, indicated, reason: HHA called in due to car trouble. C. Record review indicated 5 HHA visits were made during the week ending 11/25/17. A missed visit note dated 11/21, indicated, reason: No available staff. D. Record review indicated 3 HHA visits were made during the week ending 12/2/17. A missed visit note dated 12/2, indicated, reason: No available staff. E. Record review indicated 4 HHA			

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visits were made during the week ending 12/9/17. Missed visit notes dated 12/5 and 12/7, indicated, reason: No available staff.

F. Record review indicated 4 HHA visits were made during the week ending 12/16/17. A missed visit note dated 12/11, indicated, reason: Client cancelled visit will not be home. A missed visit note dated 12/16, indicated, reason: No staff available.

G. Record review indicated 4 HHA visits were made during the week ending 12/23/17 and 5 HHA visits during the week ending 12/30/17. Missed visit notes dated 12/19 and 12/21, indicated, reason: Client refused. The agency failed to indicate if alternate visits were offered.

5. Record review of patient #8, certification period 9/18/17 to 11/16/17, included a POC with orders signed by a physician for an HHA 2 hours per day 3 times per week for assistance with showering, shampooing, dressing, grooming, skin care, meal prep PRN, encourage socialization and activity, light housekeeping PRN.

A. Record review indicated the first HHA visit made for this period did not occur until 10/5/17. A missed visit note dated 9/20, indicated, reason: HHA called

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	in client refused another HHA. A missed visit note dated 9/21, indicated, reason: HHA called for today client refused another HHA. A missed visit note dated 9/22, indicated, reason: HHA called in domestic/client [sic] refused another HHA. A missed visit note dated 9/27, indicated, reason: Client called stated she would not be home. Do not send HHA. A missed visit note dated 9/28, indicated, reason: Client cancelled due to doctors appointments. B. Record review indicated only one HHA visit during the week ending 10/19/17. A missed visit note dated 10/20, indicated, reason: Client did not answer her phone/several attempts were made at reaching the client. A missed visit note dated 10/21, indicated, reason: Client did not answer her phone. The next HHA visit made was on 11/4/17. C. Record review indicated only one visit during the week ending 11/11/17. A missed visit note dated 11/7 indicated, reason: Visit was missed due to over staffing HHA. The agency failed to adequately meet the patient's needs. 6. An undated agency policy, number 1.009.1, with title, "Admission Criteria",			

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	included in "Procedure: The Staff determines appropriateness for admission. ... . 1. Clients are accepted for Home Health Services based on a reasonable expectation that the client's health care needs can be met adequately in the client residence. A: The agency must accept a client for home health services based on a reasonable expectation that the client medical, nursing, and social needs can be met adequately in the client's residence. ... In the event that there is not staff available, the case is not accepted. 7. An undated agency policy, number 5.004.1, with title, "Staffing Issues", included in "Policy: The DON [director of nursing], Case Manager, and staffing personnel will oversee that all visits are scheduled according to the POC [plan of care]. A) Monthly scheduling will be done in the computer and is updated on a daily basis with all scheduled visits. ... D) A frequency calendar will be kept and updated on a weekly basis to ensure all visits are being made according to the POC. E) The agency will use full time and part time employees to ensure that the needs of our clients are met.			

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G 0158 Bldg. 00	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 record review, the agency failed to ensure visits were made according to the plan of care in 3 of 11 records reviewed. (#6, 7, 8) Findings included: 1. Record review of patient number (#) 1, start of care 10/19/17, contained a plan of care (POC) for certification period 10/19/17 to 12/17/17, with orders for discipline and treatments: "ATTC [attendant care] 2 hours 3 times per week times 60 days to assist with bathing, shampooing, shaving, grooming, peri [perineal care], foot	G 0158	1. The Administrative staff and RN's were inserviced on the state and federal rules governing compliance with the plan of caree. The Staffing Coordinator shall ensure that visits follow the plan of care. Back up staff in the office will be used to make visit if no field staff available. 2 This will be prevented by the Director of Nursing who will monitor the visits daily to assure that they are within the frequency as ordered by the physician. 3. The Administrator, Director of Nursing and the Quality Assurance nurse will be	02/02/2018

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	care, skin care, dressing, meal prep, serve meal, encourage fluids, encourage socialization, light housekeeping. Range: 1-3 times per week". A. Record review of ATTC visits indicated the first visit was on 10/26/17, 8 days after the start of care. The agency failed to follow the physician ordered POC. 2. Record review of patient #7, start of care 11/19/13, contained a POC for certification period 10/29/17 to 12/27/17, with orders for discipline and treatments: "HHA [home health aide] 6 times per week, 2 hours per day times 60 days to assist with showering or sponge bath, shampoo and comb hair PRN [as needed], nail and foot care-no nail cutting; assist with dressing, skin care, encourage socialization and activity, shave PRN, prepare food and serve PRN. Range 4-6 times per week". A. Record review of HHA visits indicated only 3 visits the week ending 12/2/17. The agency failed to follow the physician ordered POC. 3. Record review of patient #8, start of care 11/22/16, contained a POC for certification period 9/18/17 to 11/16/17, with orders for discipline and treatments:		responsible to see that this is corrected.	

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	"HHA 2 hours per day 3 times per week times 60 days for assistance with showering, shampooing, dressing, grooming, skin care, meal prep PRN, encourage socialization and activity, light housekeeping PRN". A. Record review of HHA visits indicated the first visit during this certification period was on 10/5/17, 17 days after the start of care. The agency failed to follow the physician ordered POC. 4. An undated agency policy, with title "Care Planning", included, "Policy: A. It is the policy of this Agency to provide individualized, planned, appropriate care, treatment, and/or service based on the client's needs and goals with the input of the client. ... . C. The care planning process will include the following: 1. Formulation of care based on the client assessment function. ... . 3. Implementation of the planned care or services by appropriate clinicians and/or the client/family. ... . 5. Modification of the planned care based on reassessment of the client's continual need for care or services. ... ".			

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G 0229 Bldg. 00	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 record review and interview, the agency failed to ensure the registered nurse visited the patient on site every two weeks in 1 of 11 records reviewed. (#9) Findings included: 1. Record review of patient number 9, start of care 9/9/16, certification period 11/3/17 to 1/1/18, contained a plan of care with orders for discipline and treatments: "Skilled nurse 1 times per week times 1 hour ... for medication set up,assess, intervention/education for pain, depression, falls, assess for s/s [signs/symptoms] of depression/anxiety, monitor for skin lesions. HHA 7 times per week, 12 hours per day + 12 extra hours times 60 days through Medicaid - for bed or sponge bath, oral hygiene, assist with dress/put on bedpan,	G 0229	1. This deficiency will be corrected by: inservicing the R.N's- showing the deficiency and the rules for supervision. Done 2/1/18 Also by printing out schedules showing the RN exactly what day the upcoming supervisions are due. See exhibit 1. 2. This will be prevented in the future by the Director of Nursing. She will closely monitor when visits are to be made and assure the nurse completes them. She will also review all paperwork as it comes in to check for compliance. 3. The Administrator, Director of Nursing, and Q.A. nurse will be responsible for this	02/01/2018

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	turn in bed every 2 hours or sooner, skin and peri [perineal] care, remind to take meds, ... A. A supervisory visit by a registered nurse (RN) was made on site on 10/30/17, then again on 11/14/17, 15 days later. B. The next supervisory visit made on site by an RN was on 12/26/17. This visit was 6 weeks after the last supervisory visit made. 2. During an interview on 1/5/18 at 4:00 PM, employee B was unaware supervisory visits for skilled patients with a home health aide are to be made every two weeks, on site.			
G 0236 Bldg. 00	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge			

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	summary. Based on record review and interview, the agency failed to provide an individualized home visit schedule that specifically met the patient's needs in 5 of 11 records reviewed. (#1, 2, 3, 6, 8) Findings included: 1. Record review of patient number (#)1, certification period 11/8/17 to 1/6/18, contained a plan of care (POC"" with orders for discipline and treatments: "RN/LPN [registered nurse/licensed practical nurse]: 8 hours per day, 5 times per week to care for vent [ventilator] dependent client, assess and report any change in condition or clinical concern ... . Range 3-7 times per week". A. During a home visit on 1/4/18, 9:30 AM, an interview with family indicated, "sometimes problems with staffing with this agency". 2. Record review of patient #2, certification period 7/15/17 to 9/12/17, contained a POC with orders for discipline and treatments: "HHA [home health aide] 3 times per week, 2 hours per day ... for assistance with sponge bath, ... Range: 1-3 times per week".	G 0236	1. This deficiency will be corrected by inservicing the administrative staff and R.N's on the regulations regarding following physician's orders, beginning care immediately after admission,order frequency must be followed Back up staff will be utilized when necessary. 2. It will be prevented by the Director of Nursing and Quality Assurance RN daily monitoring the schedule to make sure visits are being made according to physician's orders. All physician's orders will be reviewed to ensure that orders for discipline and treatment are appropriate an followed, this will be done on an ongoing basis. 3. The Administrator, Director of Nursing and Quality Assurance R.N. will be responsible to see that it is done.	02/08/2018

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	15K008	A. BUILDING 00 B. WING	01/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NURSE CARE INC	790 E MARLEY DR TERRE HAUTE, IN 47802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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

A. Record review of visits indicated 3 visits by an HHA during the weeks ending 7/22 and 7/29; 0 visits were made the week ending 8/5; 2 visits were made during the weeks ending 8/12 and 8/19; 3 visits were made each week for the rest of this certification period.

3. Record review of patient #3, certification period 10/3/17 to 12/1/17, contained a POC with orders for discipline and treatments: "ATTC [attendant care] 2 hours 2 times per week -"as requested by client-up to 7 hours per week ... to assist with showering, ... Range: 1-3 times per week".

A. Record review of visits indicated 3 visits by an ATTC during the week ending 10/7; 2 visits were made the week ending 10/14; 1 visit was made during the week ending 10/21; 3 visits were made during the weeks ending 10/28, 11/4, and 11/11; 1 visit was made the week ending 11/18; 2 visits were made the week ending 11/25; 0 visits were made the week ending 12/2.

4. Record review of patient #6, certification period 10/19/17 to 12/17/17, contained a POC with orders for discipline and treatments: "ATTC: 2 hours, 3 times per

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week times 60 days to assist with bathing, shampooing, ... Range: 1-3 times per week".

A. Record review indicated the first ATTC visit was not made until 10/26. 2 visits were made during the weeks ending 10/28, 11/4, and 11/11; 3 visits the week ending 11/18; 2 visits the week ending 11/25; 3 visits were made during weeks ending 12/2 and 12/9.

5. Record review of patient #8, certification period 9/18/17 to 11/16/17, contained a POC with orders for discipline and treatments: "HHA 2 hours per day-3 times per week times 60 days ... assistance with showering, ... Range: 1-3 times per week".

A. Record review of visits made by an HHA indicated 0 visits during the weeks ending 9/23 and 9/30; 3 visits were made during the weeks ending 10/7 and 10/14; 1 visit the weeks ending 10/21, 11/4, and 11/11; 3 visits during the week ending 11/18.

6. The agency failed to indicate a reason for the broad range of visits made. The administrator had no further information to add during the exit conference on 1/9/17 at

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	12:30 PM.			
G 0332 Bldg. 00	484.55(a)(1) INITIAL ASSESSMENT VISIT The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date. Based on record review and interview, the agency failed to ensure the patient received an initial assessment within 48 hours of a physician's referral or within 48 hours of return home in 4 of 11 records reviewed. (#4, 6, 7, 11) Findings included: 1. Record review of patient number (#)4, start of care 9/6/17, contained a plan of care (POC) including diagnoses of heart failure, low back pain, obesity, and rheumatoid arthritis. A. A physician's telephone order, dated	G 0332	1. An inservice was given to R.N's including the rule of when an initial assessment is to be done. 2. We will prevent this from happening again by Director of Nursing or Quality Assurance R.N. assigning nurses for the initial assessments and assuring that the start of care or resumes are done within the 48 hours of the start of care or resume order. 3. The persons responsible to carry this out are the Administrator, Director of Nursing and the Quality Assurance RN.	02/02/2018

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7/20/17, signed by a physician on 8/10/17, indicated, "May assess for home care and admit if appropriate". Record review failed to indicate a visit was made until 9/6/17.

2. Record review of patient #6, start of care 10/19/17, contained a POC for certification period 10/19/17 to 12/17/17 including diagnoses of Alzheimer's disease and Parkinson's disease.

A. A physician telephone order, dated 10/13/17, signed by a physician on 10/17/17, indicated, "May readmit to home care for ATTC [attendant care] services".

B. A communication form, dated 10/12/17 at 10:35 AM and signed by a registered nurse, indicated, "Called and spoke with wife. Agreed to do visit on Tuesday 10/17/17 at 11 AM for re-admit". Record review failed to indicate a visit was made until 10/19/17.

3. Record review of patient #7, start of care 11/19/13, contained a POC including diagnoses of Unspecified kidney failure, Epilepsy, chronic obstructive pulmonary disease, and Type 2 diabetes mellitus.

A. A telephone order dated 11/12/13 and signed by a physician, indicated, "D/C

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	[discharge] home with home health care to assist with home care and ADL'S [activities of daily living]". Record review failed to indicate a visit to the patient's home until 11/19/13. 4. Record review of patient #11, start of care 10/6/16, contained a POC including diagnoses of chronic obstructive pulmonary disease, heart failure, rheumatoid arthritis and morbid obesity. A. An Admission Profile form for certification period 10/6/16 to 12/4/16, indicated a referral date of 9/2/16 with an admit date of 10/6/16. 5. During the Entrance conference on 1/2/18 at 10:50 AM, employee A was questioned about policies for conducting the initial and comprehensive assessments and stated, "within 5 days". 6. During an interview on 1/9/18 at 10:30 AM, employee D indicated that the start of care date is when the Dr. writes the order, then the agency tries to visit the patient's home "as soon as possible". 7. An undated agency policy, number 1.009.1, with title "Admission Criteria", included "Procedure: The staff determines			

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	appropriateness for admission. .... . 3. Upon referral, the decision regarding acceptance of and initiation of service by licensed staff will be made within 48 hours, of the referral or within 48 hours of the client's return home or knowledge of return home or on the physician's ordered start of care date. ... ".			
G 0340 Bldg. 00	484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests. Based on record review, the agency failed to ensure the comprehensive assessment was updated within 48 hours after the patient returned home from the hospital in 1 of 11 records reviewed. (#8) Findings included: 1. Record review of patient number 8, start of care 11/22/16, contained a plan of care	G 0340	1. This was included in the inservice for all R.N.s explaining all of the deficiencies during the survey, including about the comprehensive assessment. A comprehensive assessment will be done for all patients returning home from a hospital admission of twenty four (24) hours or more for a reason other than diagnostic tests. All patients will be reminded to alert Nurse Care, Inc by telling their caregivers. any time they are	02/02/2018

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	for certification period 9/1/17 to 11/16/17. A. A missed visit note, dated 10/26/17, indicated, reason: "Client called stated she is going into the hospital today client is out of range during the week of 10/23/17". B. A patient communication log, dated 10/26/17, indicated, "per [patient] she is going to Union Hospital to have polyps removed from her throat, outpatient surgery she will be home 10/30/17. Wants staff 10/31/17". C. A missed visit note, dated 10/27/17, indicated, reason: "Client is in the hospital until 10/30/17". Record review failed to indicate the comprehensive assessment was updated post hospital visit.		hospitalized. The Director of Nursing will continuously monitor this. 2. Each admission into either the hospital or rehab centers will be logged into the computer, with the discharge date when they are released. This will be monitored daily so that Comprehensive Assessments will be done according to regulations. 3. The Administrator, Director of Nursing , and Q.A. nurse will be responsible to see that all Comprehensive Assessments are done in the correct time frame..	
N 0000 Bldg. 00	This visit was for a state re-licensure survey of a home health agency. The survey was partially extended on 1/5/18. Survey dates: 1/2, 3, 4, 5, 8, and 9/18	N 0000		

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	Facility ID: IN005865 Medicaid #: 200237950 Census: 74 Unduplicated admissions past 12 months: 114 Records reviewed: 11 Home visits: 5			
N 0462 Bldg. 00	410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. Based on record review, the agency failed to ascertain that an employee's physical exam was signed by a physician or to ascertain that an employee was free from communicable disease in 2 of 11 employee medical records reviewed. (C,I)	N 0462	1. Items found deficient in the employee packets have been sent to the physician for correction. 2. In order to correct this deficiency a check list will be placed on each employee packet. Items will be checked off as they are received. See exhibit2. The employee will not have client	02/08/2018

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	Findings included: 1. Medical record review of employee C contained a physical examination signed by a physician on 6/12/17 without indication that employee C was free from communicable disease. 2. Medical record review of employee I contained a physical examination dated 12/23/14 and was not signed by a physician. 3. An undated agency policy, number 2.003.6, with title "Employee Health Assessments", included, "Procedure: (A) A written health assessment of each employee who has direct client contact shall: .... (3) Be performed and evaluated by a licensed and legally authorized practitioner within his or her scope of practice. (B) The written health assessment report shall: (1) Be signed by the person who performed the assessment. (2) Verify that the employee is free from health conditions which would interfere with the employee's ability to perform assigned duties. (3) Contain verification that the employee is free from signs or symptoms of infectious disease. ... ."		contact until all requirements are met, and physicals are complete. 3. The Quality Assurance RN will be responsible for checking the packets to be sure it is complete before the employee has client contact.	
N 0488	410 IAC 17-12-2(i) and (j) Q A and performance improvement			

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Bldg. 00	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 fifteen (15) calendar days before the services are stopped. (j) The fifteen (15) 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. Based on clinical record review, observation, and interview, the agency failed to develop or implement a policy informing patients in advance that a notice of 15 days would be given before services ended in 11 of 11 records reviewed.	N 0488	1. A discharge policy has been revised- see exhibit 3 and it has been placed in all admission packets to be given to new clients. We will see that all existing clients have the revised policy and understand the document. -this will be done by 2/8/18, - The Discharge policy will be reviewed with each client. The	02/08/2018

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	Findings included: 1. Review of all patient records selected failed to indicate in the form titled, "Patient Rights & Responsibilities" the inclusion of a discharge notice of 15 calendar days. 2. Home visits for patients number 1, 3, 4, 5, and 6 failed to include a discharge notice of 15 days in advance in the admission packet folders kept in the patients' homes. 3. An undated agency policy, number 1.010.1, titled, "Discharge/Transfer from Service", indicated, "Procedure: 1. Discuss discharge planning with the client/caregiver on the initial visit informs the client about follow up care, treatment or services before discharging. 2. ... . 4. Except in emergency situations, an Agency intending to transfer or discharge a client shall notify the client or caregiver and physician no later than thirty (30) days before the date on which transfer or discharge will take place. Notice of discharge must be documented in the client's file." The agency failed to update the policy. 4. During an interview on 1/4/17 at 3:00 PM, employee A acknowledged the discharge policy had not been updated and stated, "I will work on that right away".		client will sign on the Patient's Rights document showing that they were informed of the discharge policy. See exhibit 4. 2. We will prevent this in the future by including the discharge policy and the patient's rights and responsibility in all admission packets given to new clients and updating as necessary. 3. The Administrator and Quality Assurance RN will be responsible for this.	

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N 0520 Bldg. 00	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the home health agency in the patient's place of residence. Based on record review, the agency failed to ensure all of the patients' needs were adequately met in 5 of 11 records reviewed. (#2, 3, 6, 7, and 8) Findings included: 1. Record review of patient number (#) 2, certification period 7/16/17 to 9/12/17, included a plan of care (POC) with orders signed by a physician for HHA [home health aide] to visit 2 hours 3 times per week for assistance with sponge bath, shampooing hair, assistance with toileting, meal prep, encourage activity, ROM [range of motion] exercises, encourage socialization, clean bathroom after bathing, and light housekeeping. A. An HHA visit was made on 7/28/17 and then not again until 8/9/17, 12 days later. Missed visit notes dated 7/31, 8/2, and 8/7 indicated, missed visit type: No	N 0520	1. We will correct this deficiency by doing several things: Before accepting a new patient, we will determine that we have adequate staff in that area. Better documentation when a visit is moved from the original day to a new date, within the physician's ordered frequency. If a particular visit must be missed, an alternate visit date will be offered Missed visit notes will be written for each missed visit We will evaluate the patient-employee ratio and increase employee recruitment as needed. 2. We will prevent this from recurring by the Director of Nursing closely monitoring the client schedules and communicating with the Staffing Coordinator daily to assure that we are following the physician's orders and frequency. 3. The Administrator, Director of Nursing and Quality Assurance RN will be responsible to assure this is done.	02/02/2018

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	staff. There was no evidence of a missed visit note for 8/4/17. The agency failed to provide staff as ordered on the POC. 2. Record review of patient #3, certification period 10/3/17 to 12/1/17, included a POC with orders signed by a physician for ATTC [attendant care] 2 hours 3 times per week to assist with showering, shampooing, grooming, foot care (no nail trimming), skin and peri [perineal] care, assist with walking PRN [as needed], remind to take medications, encourage activities and socialization, meal prep, clean bathroom after shower. A. An ATTC activity note for the week ending 10/15/17, indicated visits made on 10/9 and 10/11. There was no evidence of a missed visit note for the third visit. B. An ATTC activity note for the week ending 10/22/17, indicated a visit was made on 10/20. A missed visit note dated 10/16, indicated, reason: No staff. A missed visit note dated 10/18, indicated, reason: No staff. C. An ATTC activity note for the week ending 11/19/17, indicated a visit was made on 11/15. A missed visit note dated 11/17 included, missed visit type: Client refused.			

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D. An ATTC activity note for the week ending 11/26/17, indicated visits on 11/20 and 11/22. A missed visit note dated 11/24 included, reason: Client wasn't home d/t holiday. The agency failed to communicate an attempt to reschedule a visit.

E. No visits were made the week ending 12/1/17. Missed visit notes dated 11/28 and 11/29 included, reason: HHA on vacation. The agency failed to provide staff.

3. Record review of patient #6, certification period 10/19/17 to 12/17/17, included a POC with orders signed by a physician for ATTC 2 hours 3 times per week to assist with bathing, shampooing, shaving, grooming, peri care, foot care, skin care, dressing, meal prep, serve meal, encourage fluids, encourage socialization, and light housekeeping.

A. An ATTC activity note for the week ending 10/29/17, indicated visits were made on 10/26 and 10/27. A missed visit note dated 10/28/17, indicated, reason: Client did not answer his phone.

B. An ATTC activity note for the week ending 11/5/17, indicated visits were made on 10/31 and 11/2. A missed visit note

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	dated 11/5/17, indicated, reason: Client did not answer his phone. C. An ATTC activity note for the week ending 11/19/18, indicated visits were made on 11/14 and 11/16. A missed visit note dated 11/19/17, indicated, reason: Client refused services today. The agency failed to include documentation that alternate visit days were offered. 4. Record review of patient #7, certification period 10/29/17 to 12/27/17, included a POC with orders signed by a physician for HHA 6 times per week, 2 hours per day to assist with showering or sponge bath, shampoo and comb hair PRN, nail and foot care-no nail cutting; assist with dressing, skin care, encourage socialization and activity, shave PRN, prepare food and serve PRN. A. Record review indicated 4 HHA visits were made during the week ending 11/4/17. A missed visit note on 11/3/17, indicated, reason: No staff available. B. Record review indicated 4 HHA visits were made during the week ending 11/11/17. A missed visit note dated 11/7/17, indicated, reason: HHA called in due to car trouble.			

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	15K008	A. BUILDING 00 B. WING	01/09/2018

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	C. Record review indicated 5 HHA visits were made during the week ending 11/25/17. A missed visit note dated 11/21, indicated, reason: No available staff. D. Record review indicated 3 HHA visits were made during the week ending 12/2/17. A missed visit note dated 12/2, indicated, reason: No available staff. E. Record review indicated 4 HHA visits were made during the week ending 12/9/17. Missed visit notes dated 12/5 and 12/7, indicated, reason: No available staff. F. Record review indicated 4 HHA visits were made during the week ending 12/16/17. A missed visit note dated 12/11, indicated, reason: Client cancelled visit will not be home. A missed visit note dated 12/16, indicated, reason: No staff available. G. Record review indicated 4 HHA visits were made during the week ending 12/23/17 and 5 HHA visits during the week ending 12/30/17. Missed visit notes dated 12/19 and 12/21, indicated, reason: Client refused. The agency failed to indicate if alternate visits were offered. 5. Record review of patient #8, certification period 9/18/17 to 11/16/17, included a			

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	POC with orders signed by a physician for an HHA 2 hours per day 3 times per week for assistance with showering, shampooing, dressing, grooming, skin care, meal prep PRN, encourage socialization and activity, light housekeeping PRN. A. Record review indicated the first HHA visit made for this period did not occur until 10/5/17. A missed visit note dated 9/20, indicated, reason: HHA called in client refused another HHA. A missed visit note dated 9/21, indicated, reason: HHA called for today client refused another HHA. A missed visit note dated 9/22, indicated, reason: HHA called in domestic/client [sic] refused another HHA. A missed visit note dated 9/27, indicated, reason: Client called stated she would not be home. Do not send HHA. A missed visit note dated 9/28, indicated, reason: Client cancelled due to doctors appointments. B. Record review indicated only one HHA visit during the week ending 10/19/17. A missed visit note dated 10/20, indicated, reason: Client did not answer her phone/several attempts were made at reaching the client. A missed visit note dated 10/21, indicated, reason: Client did not answer her phone. The next HHA visit			

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	made was on 11/4/17. C. Record review indicated only one visit during the week ending 11/11/17. A missed visit note dated 11/7 indicated, reason: Visit was missed due to over staffing HHA. The agency failed to adequately meet the patient's needs. 6. An undated agency policy, number 1.009.1, with title, "Admission Criteria", included in "Procedure: The Staff determines appropriateness for admission. ... . 1. Clients are accepted for Home Health Services based on a reasonable expectation that the client's health care needs can be met adequately in the client residence. A: The agency must accept a client for home health services based on a reasonable expectation that the client medical, nursing, and social needs can be met adequately in the client's residence. ... In the event that there is not staff available, the case is not accepted". 7. An undated agency policy, number 5.004.1, with title, "Staffing Issues", included in "Policy: The DON [director of nursing], Case Manager, and staffing personnel will oversee that all visits are scheduled according to the POC [plan of care]. A) Monthly scheduling will be done in the			

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	computer and is updated on a daily basis with all scheduled visits. ... D) A frequency calendar will be kept and updated on a weekly basis to ensure all visits are being made according to the POC. E) The agency will use full time and part time employees to ensure that the needs of our clients are met. ... ".			
N 0522 Bldg. 00	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: Based on record review, the agency failed to ensure visits were made according to the plan of care in 3 of 11 records reviewed. (#6, 7, 8) Findings included: 1. Record review of patient number (#) 1, start of care 10/19/17, contained a plan of care (POC) for certification period 10/19/17 to 12/17/17, with orders for discipline and treatments: "ATTC [attendant	N 0522	1. An in-service was given to the Administrative staff on the importance of following physician orders. The Director of Nursing will review daily the patients schedules and work with the Staffing Coordinator, offer suggestions, change days if necessary, but make sure that orders are followed. Have emergency personnel (PRN) employees who are able to fill in for absent employees so that the physicians orders will be met.. 2. It will be prevented by the Director of Nursing and Quality Assurance RN daily monitoring	02/02/2018

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	care] 2 hours 3 times per week times 60 days to assist with bathing, shampooing, shaving, grooming, peri [perineal care], foot care, skin care, dressing, meal prep, serve meal, encourage fluids, encourage socialization, light housekeeping. Range: 1-3 times per week". A. Record review of ATTC visits indicated the first visit was on 10/26/17, 8 days after the start of care. The agency failed to follow the physician ordered POC. 2. Record review of patient #7, start of care 11/19/13, contained a POC for certification period 10/29/17 to 12/27/17, with orders for discipline and treatments: "HHA [home health aide] 6 times per week, 2 hours per day times 60 days to assist with showering or sponge bath, shampoo and comb hair PRN [as needed], nail and foot care-no nail cutting; assist with dressing, skin care, encourage socialization and activity, shave PRN, prepare food and serve PRN. Range 4-6 times per week". A. Record review of HHA visits indicated only 3 visits the week ending 12/2/17. The agency failed to follow the physician ordered POC. 3. Record review of patient #8, start of		the schedule to make sure visits are being made according to physician's orders. 3. The Administrator, Director of Nursing and the Quality Assurance RN are responsible to prevent the deficiency from reoccurring.	

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	care 11/22/16, contained a POC for certification period 9/18/17 to 11/16/17, with orders for discipline and treatments: "HHA 2 hours per day 3 times per week times 60 days for assistance with showering, shampooing, dressing, grooming, skin care, meal prep PRN, encourage socialization and activity, light housekeeping PRN". A. Record review of HHA visits indicated the first visit during this certification period was on 10/5/17, 17 days after the start of care. The agency failed to follow the physician ordered POC. 4. An undated agency policy, with title "Care Planning", included, "Policy: A. It is the policy of this Agency to provide individualized, planned, appropriate care, treatment, and/or service based on the client's needs and goals with the input of the client. ... . C. The care planning process will include the following: 1. Formulation of care based on the client assessment function. ... . 3. Implementation of the planned care or services by appropriate clinicians and/or the client/family. ... . 5. Modification of the planned care based on reassessment of the client's continual need for care or services. ... ".			

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N 0541 Bldg. 00	410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs. Based on record review, the agency failed to ensure the comprehensive assessment was updated after the patient returned home from the hospital in 1 of 11 records reviewed. (#8) Findings included: 1. Record review of patient number 8, start of care 11/22/16, contained a plan of care for certification period 9/1/17 to 11/16/17. A. A missed visit note, dated 10/26/17, indicated, reason: "Client called stated she	N 0541	1. The Administrative staff and RN's were inserviced on the Comprehensive Assessments . It will be made upon admission, within 48 hours of discharge from hospital, or within 48 hours of physician referral. This was corrected by an inservice with all visiting RN's. 2. The Director of Nursing will be aware of when a comprehensive assessment is needed and assign it to be done within the correct time range. 3. The Administrator, Director of Nursing and the Quality Assurance RN will be responsible	02/02/2018

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	is going into the hospital today client is out of range during the week of 10/23/17". B. A patient communication log, dated 10/26/17, indicated, "per [patient] she is going to Union Hospital to have polyps removed from her throat, outpatient surgery she will be home 10/30/17. Wants staff 10/31/17". C. A missed visit note, dated 10/27/17, indicated, reason: "Client is in the hospital until 10/30/17". Record review failed to indicate the comprehensive assessment was updated post hospital visit.		for monitoring this.	
N 0606 Bldg. 00	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 record review and interview, the agency failed to ensure a registered nurse performed supervisory visits of a home health aide every 30 days in 2 of 11 records reviewed. (#2,4)	N 0606	1.An in-service was given to all R.N.'s concerning the rules for supervisory visits. Reviewed the frequency for both a skilled and non skilled client. 2. The Director of Nursing created a schedule for each RN showing when visits are due. The DON will	02/02/2018

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	Findings included: 1. Record review of patient number 2, start of care 9/24/15, certification period 7/15/17 to 9/12/17, contained a plan of care with orders for discipline and treatments: "HHA [home health aide] 3 times per week, 2 hours per day for assistance with sponge bath, shampooing hair, denture/oral care, foot care, skin care, shaving PRN [as needed], dress with assistance, assistance with toileting, ... RN [registered nurse] monthly for supervision". A. Record review indicated on-site supervisory visits were made by an RN on 6/9/17 and 6/22/17, then a "Telephone Supervisory Report" on 7/5/17 and 7/12/17. B. A "Telephone Supervisory Report" was completed by an RN on 7/21/17 and 7/26/17. C. An on-site supervisory visit was made by an RN on 8/9/17, 7 weeks after the last on-site visit. 2. Record review of patient number 4, start of care 9/6/17, certification period 11/5/17 to 1/3/18, contained a plan of care with orders for discipline and treatment: "HHA 3		closely monitor this , communicating with nurses as needed to assure frequency is being followed. 3. the Administrator, Director of Nursing and Quality Assurance RN is responsible to see that this is followed.	

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	times per week, 2 hours per visit to assist with bathing, foot care, skin care, peri [perineal] care, assist with dressing PRN, encourage activity and socialization. RN monthly for supervision". A. Record review indicated a registered nurse made an on-site visit for an HHA on 11/16/17. B. A "Telephone Supervisory Report" was completed on 12/15/17 and signed by a registered nurse. The nurse failed to make an on-site visit. 3. During an interview on 1/8/18 at 3:30 PM, employee B acknowledged that RN supervisory visits are not always in the home but a "phone call".			
N 0608 Bldg. 00	410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows: (1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity			

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	orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary. Based on record review and interview, the agency failed to individualize a home visit schedule that specifically met the patient's needs in 5 of 11 records reviewed. (#1, 2, 3, 6, 8) Findings included: 1. Record review of patient number (#)1, certification period 11/8/17 to 1/6/18, contained a plan of care (POC"" with orders for discipline and treatments: "RN/LPN [registered nurse/licensed practical nurse]: 8 hours per day, 5 times per week to care for vent [ventilator] dependent client, assess and report any change in condition or clinical concern ... . Range 3-7 times per week". A. During a home visit on 1/4/18, 9:30 AM, an interview with family indicated, "sometimes problems with staffing with this agency".	N 0608	1. This deficiency will be corrected by inservicing the administrative staff and R.N's on the regulations regarding following physician's orders, beginning care immediately after admission,order frequency must be followed Back up staff will be utilized when necessary. 2. It will be prevented by the Director of Nursing and Quality Assurance RN daily monitoring the schedule to make sure visits are being made according to physician's orders. All physician's orders will be reviewed to ensure that orders for discipline and treatment are appropriate an followed, this will be done on an ongoing basis. 3. The Administrator, Director of Nursing and Quality Assurance R.N. will be responsible to see that it is done.	02/08/2018

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	2. Record review of patient #2, certification period 7/15/17 to 9/12/17, contained a POC with orders for discipline and treatments: "HHA [home health aide] 3 times per week, 2 hours per day ... for assistance with sponge bath, ... Range: 1-3 times per week". A. Record review of visits indicated 3 visits by an HHA during the weeks ending 7/22 and 7/29; 0 visits were made the week ending 8/5; 2 visits were made during the weeks ending 8/12 and 8/19; 3 visits were made each week for the rest of this certification period. 3. Record review of patient #3, certification period 10/3/17 to 12/1/17, contained a POC with orders for discipline and treatments: "ATTC [attendant care] 2 hours 2 times per week -"as requested by client-up to 7 hours per week ... to assist with showering, ... Range: 1-3 times per week". A. Record review of visits indicated 3 visits by an ATTC during the week ending 10/7; 2 visits were made the week ending 10/14; 1 visit was made during the week ending 10/21; 3 visits were made during the weeks ending 10/28, 11/4, and 11/11; 1			

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	visit was made the week ending 11/18; 2 visits were made the week ending 11/25; 0 visits were made the week ending 12/2. 4. Record review of patient #6, certification period 10/19/17 to 12/17/17, contained a POC with orders for discipline and treatments: "ATTC: 2 hours, 3 times per week times 60 days to assist with bathing, shampooing, ... Range: 1-3 times per week". A. Record review indicated the first ATTC visit was not made until 10/26. 2 visits were made during the weeks ending 10/28, 11/4, and 11/11; 3 visits the week ending 11/18; 2 visits the week ending 11/25; 3 visits were made during weeks ending 12/2 and 12/9. 5. Record review of patient #8, certification period 9/18/17 to 11/16/17, contained a POC with orders for discipline and treatments: "HHA 2 hours per day-3 times per week times 60 days ... assistance with showering, ... Range: 1-3 times per week". A. Record review of visits made by an HHA indicated 0 visits during the weeks ending 9/23 and 9/30; 3 visits were made during the weeks ending 10/7 and 10/14; 1			

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	visit the weeks ending 10/21, 11/4, and 11/11; 3 visits during the week ending 11/18. 6. The agency failed to indicate a reason for the broad range of visits made. The administrator had no further information to add during the exit conference on 1/9/17 at 12:30 PM.			