

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157560	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2016
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NAME OF PROVIDER OR SUPPLIER BEST CHOICE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5701 ELMWOOD AVE STE N INDIANAPOLIS, IN 46203
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G 0000 Bldg. 00	<p>This was a post condition re-visit survey following a recertification survey</p> <p>Survey Dates September 7-8, 2016</p> <p>Facility ID#: 004282</p> <p>Provider #: 157560</p> <p>Census: 135</p> <p>Best Choice Home Care, LLC is precluded from providing its own training and competency evaluation program for a period of 2 years beginning June 22, 2016 to June 22, 2018, for being found out of compliance with the Conditions of Participation 484.18 Acceptance of Patients, Plan of Care & Medical Supervision, 484.30 Skilled Nursing Services, 484.32: Therapy Services, and 484.48: Clinical Records.</p>	G 0000		
G 0159 Bldg. 00	<p>484.18(a) PLAN OF CARE</p> <p>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,</p>			

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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	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 appropriate items.	G 0159	G159- The administrator has in serviced all nursing staff on 9/29/2016 on the importance of complete, accurate plan of care. The education session focused on importance of durable medical equipment in the home being accurately reflected on plan of care. The importance of accurate plan of care to accurately reflect patient current status. Director of Clinical Service or designee will add Durable medical equipment accurately reflected on the plan of care to current weekly review of admission/readmission	09/29/2016

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G 0334 Bldg. 00	484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be		assessments to determine if teachings were effective by 9/29/2016. A threshold of 100% compliance is set for 3 months then moved to quarterly. Staff failing to adhere to expectation shall be subjected to progressive discipline up to and including termination. Director of Clinical Services will perform onsite in home check off of all nursing staff to ensure Oasis assessment matches documentation quarterly. Administrator will be responsible for continued compliance with G159 to ensure deficiency is corrected and will not reoccur.	

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	<p>completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care.</p> <p>Based on record review and interview, the agency failed to ensure the comprehensive assessment at start of care was complete and accurately reflected the patient's needs for 1 of 4 records reviewed.</p> <p>Findings Include:</p> <p>1. Clinical record #1 was reviewed 9/7/2016 and included a comprehensive assessment completed at start of care on 8/17/2016. The assessment failed to include a complete assessment of the patient's cardiovascular system with heart rhythm and rate and capillary refill not assessed; failed to include a complete assessment of the gastrointestinal system with no assessment of bowels sounds or last bowel movement; failed to include a complete neurological assessment with pupillary response, vision and speech not assessed; and failed to include a complete musculoskeletal assessment with grip strength not assessed.</p> <p>A. The comprehensive assessment for record #1 indicated no impairment of functional mobility for the patient determined by the assessment to receive physical therapy, use a walker to</p>	G 0334	G334- The administrator has in-serviced all nursing staff on 9/29/2016 on the importance of the comprehensive assessment at start of care accurately reflecting the patient needs and status. The teaching session focused on the importance of complete systems assessment, and ensuring physician orders are clarified if discrepancy occurs on the start of care visit. Director of Clinical Service or designee will add physician orders clarified if discrepancy occurs on the start of care visit and accurately reflected on the plan of care to current weekly review	09/29/2016

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N 0000	<p>ambulate and require assistance with ADLs.</p> <p>B. The comprehensive assessment for record #1 stated the patient with type II diabetes had his blood sugar checked at MD visits. A physician order dated 8/15 indicated the patient's blood sugar was to be checked each Sunday. No further clarification of the order was obtained by the nurse at start of care.</p> <p>2. In a 9/7/2016 interview at 4:15 PM with the agency's administrator, the administrator acknowledged the assessment was incomplete and included inconsistent information regarding the patient's care needs and functional status.</p>		<p>of admission/readmission assessments to determine if teachings were effective by 9/29/2016. A threshold of 100% compliance is set for 3 months then moved to quarterly. Staff failing to adhere to expectation shall be subjected to progressive discipline up to and including termination. Director of Clinical Services will perform onsite in home check off of all nursing staff to ensure Oasis assessment matches documentation quarterly. Administrator will be responsible for continued compliance with G334 to ensure deficiency is corrected and will not reoccur.</p>	

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Bldg. 00	<p>This was a revisit survey following a re-licensure survey</p> <p>Survey Dates September 7-8, 2016</p> <p>Facility ID#: 004282</p> <p>Census: 135</p>			N 0000			
N 0524 Bldg. 00	<p>410 IAC 17-13-1(a)(1) Patient Care</p> <p>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.</p> <p>(B) Include all services to be provided if a skilled service is being provided.</p> <p>(B) Cover all pertinent diagnoses.</p> <p>(C) Include the following:</p> <p>(i) Mental status.</p> <p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p> <p>(x) Any safety measures to protect against injury.</p> <p>(xi) Instructions for timely discharge or</p>						

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	<p>referral.</p> <p>(xii) Therapy modalities specifying length of treatment.</p> <p>(xiii) Any other appropriate items.</p> <p>Based on record review and interview, the agency failed to ensure the plan of care included all durable medical equipment for 1 of 4 records reviewed.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. Clinical record #4 was reviewed 9/8/2016 and included a plan of care for the certification period 8/6/2016 through 10/4/2016. The plan of care failed to include a wheelchair 2. A start of care comprehensive assessment for patient #4 was reviewed 9/8/2016 and indicated in the musculoskeletal assessment section the patient used a wheelchair for mobility. 3. During a September 8, 2016 interview with the agency's administrator at 12 :30 PM, the administrator acknowledged the wheelchair identified in the start of care comprehensive assessment had not been included in the plan of care. 	N 0524	<p>N524- The administrator has in serviced all nursing staff on 9/29/2016 on the importance of complete, accurate plan of care. The education session focused on importance of durable medical equipment in the home being accurately reflected on plan of care. The importance of accurate plan of care to accurately reflect patient current status. Director of Clinical Service or designee will add Durable medical equipment accurately reflected on the plan of care to current weekly review of admission/readmission assessments to determine if teachings</p>	09/29/2016

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			were effective by 9/29/2016. A threshold of 100% compliance is set for 3 months then moved to quarterly. Staff failing to adhere to expectation shall be subjected to progressive discipline up to and including termination. Director of Clinical Services will perform onsite in home check off of all nursing staff to ensure Oasis assessment matches documentation quarterly. Administrator will be responsible for continued compliance with N524 to ensure deficiency is corrected and will not reoccur.	