

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 157620	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2019
NAME OF PROVIDER OR SUPPLIER SERVANT'S HEART HOME HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP COD 1714 DIVIDEND DRIVE LOGANSPORT, IN 46947		
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E 0000 Bldg. 00	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 484.102.</p> <p>Survey Date: August 29, 2019</p> <p>Facility #: 011301</p> <p>Provider #: 157620</p> <p>Unduplicated Census: 42 Current Census: 36</p> <p>During this survey, two emergency preparedness standard level deficiencies were found corrected.</p> <p>At this Emergency Preparedness survey, Servant Heart Home Health Services Inc., was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 484.102.</p>	E 0000		
G 0000 Bldg. 00	<p>This was a revisit for the Federal home health recertification survey completed on July 12, 2019.</p> <p>Survey Date: August 29, 2019</p> <p>Facility #: 011301</p> <p>Provider #: 157620</p>	G 0000		

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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G 0536 Bldg. 00	<p>Medicaid #: 200852690</p> <p>Unduplicated Census: 42 Current Census: 36</p> <p>Sample: Total Records Reviewed: 3</p> <p>During this survey, five conditions of participation and twenty three standard level deficiencies were found corrected, three standard level deficiencies were re-cited.</p> <p>These deficiencies reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Based on record review and interview, the registered nurse (RN) failed to ensure that as needed (PRN) medications contained indications for their use and medication lists were kept up to date without duplicate medications for 3 of 3 records reviewed (#1, 2, 3).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An undated agency policy titled "Medication management," Policy # C-705 stated " ... assessment performed ... include review of all medications the client is taking ... and records it in the client record. ... A complete medication order must include: a. The full name of the drug, b. Dose and time drug is to be given, c. indication for the drug" 2. An undated agency policy titled "Comprehensive client assessment," Policy # 	G 0536	<p>How will we correct this situation? A chart audit of 100 % of our patients will be conducted to ensure that as needed (PRN) medications contain indications for their use and medication lists are up to date without duplicate medications. Any problems found will be corrected.</p> <p>How will we prevent this from recurring? After the initial chart audit of 100% of our patients is complete, a chart audit of at least 10% of our charts will be conducted every quarter through October of 2020 to ensure that medication lists are appropriate regarding PRN medications and duplicate meds.</p> <p>Who will be responsible to</p>	10/01/2019

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	<p>C-145 stated " ... The comprehensive assessment will include a review of medications the client is using. This assessment will identify potential adverse effects and drug reactions, including ineffective therapy, significant side effects, significant drug interactions, duplicate drug therapy and non-compliance with therapy "</p> <p>3. The clinical record of patient #1 was reviewed on 8/2919 and indicated a start of care date of 6/12/19. The record contained a plan of care for the certification period of 8/12/19-10/10/19 that indicated the following medications, but not limited to, Warfarin 1 mg [milligrams], 1 tab daily or as directed, Warfarin 2 mg, 1 tab daily or as directed, Warfarin 4 mg, 1 tab daily or as directed. The medication list failed to evidence the current coumadin orders as evidenced by:</p> <p>The agency medication list had coumadin orders Warfarin 1 mg, 1 tab daily or as directed, Warfarin 2 mg, 1 tab daily or as directed, Warfarin 4 mg, 1 tab daily or as directed all dated 6/16/19.</p> <p>An agency progress note dated 8/26/19 at 3:00 PM and written by the director of nursing stated the physician had been contacted and the physician's nurse indicated the order for Warfarin was "... 4 mg daily, except for Thursday, which is 6 mg"</p> <p>4. The clinical record of patient #2 was reviewed on 8/2919 and indicated a start of care date of 9/12/16. The record contained a plan of care for the certification period of 8/28/19-10/26/19 that indicated the following medication, but not limited to, Polyethylene glycol up to 1 cap powder with 4 oz water daily, and Miralax 1 cap 2 times daily. The RN failed to ensure there was no duplicate medications on the medication list as evidenced</p>		<p>ensure that this issue is resolved?</p> <p>The Administrator, the Director of Nurses, and the QAPI committee will work together to ensure that this issue is resolved.</p> <p>This problem will be corrected by 10/01/2019 when we have our next QAPI meeting.</p>	

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G 0574 Bldg. 00	<p>by:</p> <p>The agency medication list had Polyethylene glycol (generic medication for Miralax) up to 1 cap powder with 4 oz water daily, and Miralax (brand name for Polyethylene glycol) 1 cap 2 times daily.</p> <p>5. The clinical record of patient #3 was reviewed on 8/29/19 and indicated a start of care date of 10/14/18. The record contained a plan of care for the certification period of 8/11/19-10/9/19 that indicated a medication order, but not limited to, mucinex 600 mg, 1-2 tabs every 6 hours as needed. The record failed to evidence an indication for the use of this PRN medication.</p> <p>During an interview on 8/29/19 at 1:34 PM, the administrator stated that medication orders for as PRN medications should have an indication.</p> <p>410 IAC 17-14-1(a)(1)(B)</p> <p>Based on record review and interview, the agency failed to ensure the plan of care (POC) included all pertinent goals for 2 of 3 records reviewed. (#1, 2).</p> <p>Findings include:</p> <p>1. An undated agency policy titled "Plan of Care," Policy #C-580 stated, "...The plan of care is based on a comprehensive assessment and information provided but the client / family and health care members ... The Plan of Care shall be completed in full to include: ... treatment goals"</p> <p>2. The clinical record of patient #1 was reviewed</p>	G 0574	<p>How will we correct this situation?</p> <p>A chart audit of 100 % of our patients will be conducted to ensure that all goals on the Plan of Care are measurable and pertinent to the patient's needs. Special attention will be given to med lists with PRN meds, pain meds, and anticoagulant therapy to ensure that the goals reflect the patient's needs regarding these medications.</p> <p>How will we prevent this from recurring?</p>	10/01/2019

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	<p>on 8/29/19 and indicated a start of care date of 6/12/19. The record contained a plan of care for the certification period of 8/12/19-10/10/19 that indicated diagnoses, but not limited to, hemiplegia from a cerebrovascular accident (CVA) and the patient was on Warfarin (used as a blood thinner). The POC failed to evidence measurable goals related the INR [International Normalized Ratio] levels for the patient.</p> <p>The recertification comprehensive assessment dated 8/15/19 indicated a goal of "...The patient's INR lab value will be within therapeutic range per physician assessment and patient's compliance with meds [medications] / diet this cert [certification] period" The POC failed to evidence this goal.</p> <p>3. The clinical record of patient #2 was reviewed on 8/29/19 and indicated a start of care date of 9/12/16. The record contained a plan of care for the certification period of 8/28/19-10/26/19 that indicated diagnoses, but not limited to, cerebral palsy and neuromuscular scoliosis. The POC failed to evidence measurable goals related to pain and constipation as evidenced by:</p> <p>The recertification comprehensive assessment dated 8/26/19 indicated a diagnosis of constipation and that when the patient is in pain they will moan or tilt the head back. It also stated the patient had a baclofen pump for pain control.</p> <p>4. During an interview on 8/29/19 at 1:38 PM, the administrator stated she has worked very hard on correcting things and thought she had fixed all the goals.</p> <p>410 IAC 17-13-1(a)(1)(D)(xiii)</p>			<p>After the initial chart audit of 100% of our patients is complete, a chart audit of at least 10% of our charts will be conducted every quarter through October of 2020 to ensure that the goals are appropriate and patient specific, especially related to PRN meds, pain, and anticoagulant therapy.</p> <p>Who will be responsible to ensure that this issue is resolved? The Administrator, the Director of Nurses, and the QAPI committee will work together to ensure that this issue is resolved.</p> <p>This problem will be corrected by 10/01/2019 when we have our next QAPI meeting.</p>	

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G 0580 Bldg. 00	<p>Based on record review and interview, the agency failed to ensure the skilled nurse did not provide services absent of a physician's order for 1 of 3 records reviewed (#1).</p> <p>Findings include:</p> <p>An undated agency policy titled "Physician's orders," Policy # C-635 stated "Policy: All medications, treatments and services provided to clients must be ordered by a physician"</p> <p>The clinical record of patient #1 was reviewed on 8/29/19 and indicated a start of care date of 6/12/19. The record contained a plan of care for the certification period of 8/12/19-10/10/19 that indicated a skilled nurse frequency of 1 visit per week for 9 weeks. The record failed to evidence an order for the nurse to make a visit on 8/26/19 to draw an INR [International Normalized Ratio] level.</p> <p>A skilled nurse visit completed on 8/22/19 stated "... [Physician] requested that INR be rechecked on Monday 8/26/19"</p> <p>An agency progress note written by the director of nursing on 8/26/19 at 3:00 PM, stated "INR test was taken & the result was 2.3" The record failed to evidence a written order for this visit to be completed.</p> <p>During an interview on 8/29/19 at 10:57 AM, the director of nursing stated she saw the patient on 8/26/19 to re-check his INR.</p>	G 0580	<p>How will we correct this situation?</p> <p>A chart audit of 100 % of our patients will be conducted to ensure that all visits match the Plan of Care and any verbal orders for extra visits are covered with a written order. Any problems found on the POC's will be corrected and sent to the physician for review and signature. The Administrator re-educated all nursing staff on 9/9/19 regarding the importance of obtaining a written order after receiving a verbal order from the physician.</p> <p>How will we prevent this from recurring?</p> <p>After the initial chart audit of 100% of our patients is complete, a chart audit of at least 10% of our charts will be conducted every quarter through October of 2020 to ensure that all visits match the Plan of Care and any extra visits provided have a written order by the physician.</p> <p>Who will be responsible to ensure that this issue is resolved?</p> <p>The Administrator, the Director of Nurses, and the QAPI committee will work together to ensure that this issue is resolved.</p> <p>This problem will be corrected by 10/01/2019 when we have our next QAPI meeting.</p>	10/01/2019

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	410 IAC 17-13-1(a)			