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	09/03/2014

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RELIANT AT HOME LTD	341 LOGAN ST STE L110 NOBLESVILLE, IN 46060

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G000000		G000000		

This was a Federal home health recertification survey. This was an extended survey.

Survey date: 08/26, 08/27, 08/29, 09/02, and 09/03/14.

Facility: 012546

Medicaid Vendor: 201027880

Surveyor: Shannon Pietraszewski, RN, PHNS

Census: 93

The agency is precluded from providing a home health aide training and competency program for a period of 2 years beginning 09/03/14 for being found out of compliance with the Conditions of Participation 42 CFR 484.30 Nursing Services, 484.36 Home Health Aide Services, and 484.48: Clinical Records.

Quality Review: Joyce Elder, MSN, BSN, RN
September 29, 2014

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

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G000134	484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, employs qualified personnel and ensures adequate staff education and evaluations. Based on policy and personnel file review and interview, the agency failed to ensure personnel policies were followed related to annual performance evaluations in 4 of 25 personnel files reviewed creating the potential to affect all 93 patients who were receiving care within the agency. (F, G, N, and S) Findings include: 1. A policy titled "Personnel Record Contents" dated 01/15/14 stated, "Reliant at Home LTD will maintain current and complete personnel files on all personnel. ... Performance evaluations [probationary and annual] ... 2. The content of a separate file, which includes health information will contain ... C. TB Mantoux test documentation. D. Physician's statement of health ... " 2. A policy titled "Performance Evaluations" dated 01/15/14 stated,	G000134	Employee files are now 100% electronic. During survey the files were paper. They have all been scanned and uploaded into our database Axxess. Completed by 09/27/2014. Report will be generated on a monthly basis to ensure no further reviews will be missed in the future. Audit of all 41 files was completed by 9/27/14 and found to have 7 out of 41 files deficient in annual performance reviews. 4 reviews will be performed by the Clinical Director, and 3 will be performed by the Administrator by no later then 10/17/14. Delay due to scheduling appointments with the employees to accomodate their work schedule. If raises apply they will be backdated to date of review due. Monthly a report will be generated to ensure that reviews are done within 30 days of due date in the future. Clinical Director will be responsible for all ongoing audits monthly and performance of annual reviews. He is responsible for monitoring this corrective actions to ensure that	09/27/2014

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	"Performance evaluations will be completed [and dated] on all personnel as follows: A. Annually, based on personnel's annual evaluation date ... ." 3. Personnel record F, a home health aide, date of hire 07/08/13, failed to evidence an annual evaluation for 2014. 4. Personnel record G, a home health aide, date of hire 08/30/13, failed to evidence an annual evaluation for 2014. 5. Personnel record N, a home health aide, date of hire 05/03/12, failed to evidence an annual evaluation for 2014. 6. Personnel record S, a home health aide, date of hire 07/29/13, failed to evidence an annual evaluation for 2014. 7. The Administrator and / or Director of Clinical Services was unable to provide further documentation when requested on 09/01/14 at 4:00 PM. 8. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		this deficiency is corrected and will not reoccur.	
G000141	484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies.			

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	Personnel records include qualifications and licensure that are kept current. Based on policy and personnel file review and interview, the agency failed to ensure personnel policies were followed related to obtaining a limited criminal history for 12 of 25 personnel records reviewed (A, D, F, M, O, P, R, S, T, U, V and X), annual performance evaluations for 4 of 25 personnel records reviewed (F, G, N, and S), physicals for 10 of 25 personnel records reviewed (D, M, O, P, R, S, U, V, W, and X), reference checks for 4 of 25 records reviewed (M, O, U, and V), tuberculosis screening for 11 of 25 personnel records reviewed (C, J, K, M, O, P, Q, S, T, W, and X), and certifications for 8 of 25 personnel records reviewed (D, J, M, P, S, U, V, and W) creating the potential to affect all 93 patients who were receiving services within the agency. Findings include: 1. A policy titled "Home Health Human Resources" dated 01/15/14 stated, "Prior to hire, the organization will secure multiple reference checks, health reports as required by the state or policy, criminal record checks where required by law, and proof of citizenship or documentation of resident status ...	G000141	Employee files are now 100% electronic. During survey the files were paper. They have all been scanned and uploaded into our database Axxess by 9/27/14. Report will be generated on a monthly basis to ensure no further reviews will be missed in the future. All 41 files were audited by 9/27/14 and any missing criminal background checks were gathered via the Indiana State Police website with immediate response and incorporation into the electronic personnel file. HR hire packets and application packets were created with a new audit form showing requirements on application and completion of these items prior to hire. Criminal background was included in this application process. Other items required prior to ongoing hire includes: Application, completion of two references, OIG check, Criminal Background check and production of physical and TB. Once these items are received orientation can be performed with hire date being the date all documentation is completed and scanned into our new database Axxess. New protocol established that no employee will be worked until all documentation is submitted and scanned. Error in entry of Hire date noted during audit. In several situations the	09/27/2014

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	Clinical personnel will maintain active licensure or certification. Certification of current licensure or certification will be filed in the personnel record ... " 2. A policy titled "Personnel Record Contents" dated 01/15/14 stated, "Reliant at Home will maintain current and complete personnel files on all personnel ... New Hire Documents ... E. References [2] ... J ... Orientation check list ... K. Initial competency assessments. O. Criminal background check, if applicable ... General Documents ... C. Verified professional licensure or certification ... Performance Evaluations / Counseling Documents A. Performance evaluations [probationary and annual] ... 2. The content of a separate file, which includes health information will contain ... C. TB Mantoux test documentation. D. Physician's statement of health ... " Related to Physical Exams 3. Personnel file D, a home health aide, date of hire 04/10/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 4. Personnel file M, a home health aide, date of hire 06/29/14, failed to evidence a physical exam or a physician's statement		employee involved in collection of this information was entering the application date instead of the "Hire Date". Date of first worked hours. Review shows that on numerous occasions documentation was submitted prior to first work day, but date entered conflicted. Database has been corrected to reflect actual hire date, vs application date. TB and Physical Form have been developed and will be given to the potential hire on application which includes the date and time of the TB administration and read as well as copy of the Annual TB risk assessment. Missing personnel files have been recreated and are now available for review during return survey. Audit form to be placed in each file with notation of missing documentation/lost documentation found during audit and recreated in the event of date discrepancies. Responsibility for ongoing compliance is the Clinical Director in Noblesville, and the Administrator at the Bloomington location to ensure the situation will not reoccur.	

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	of health within 180 days of first patient contact. 5. Personnel file O, a home health aide, date of hire 11/18/13, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 6. Personnel file P, a home health aide, date of hire 06/20/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 7. Personnel file R, a home health aide, date of hire 06/18/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 8. Personnel file S, a home health aide, date of hire 07/29/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 9. Personnel file U, a home health aide, date of hire 06/20/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 10. Personnel file V, a home health aide,			

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	date of hire 01/10/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 11. Personnel file W, a home health aide, date of hire 01/17/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 12. Personnel file X, a home health aide, date of hire 06/20/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 13. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness." Related to Reference Checks 13. Personnel file M, a home health aide,date of hire 06/29/14, failed to evidence completed multiple reference checks prior to date of hire. 14. Personnel file O, a home health aide, date of hire 11/18/13, failed to evidence completed multiple reference checks prior to date of hire.			

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	15. Personnel file U, a home health aide, date of hire 06/20/14, failed to evidence completed multiple reference checks prior to date of hire. 16. Personnel file V, a home health aide, date of hire 01/10/14, failed to evidence completed multiple reference checks prior to date of hire. 17. The Administrator indicated on 09/02/14 at 10:35 AM that the employees did have a reference check and provided an altered / completed form. Surveyor provided the Administrator with copies of the incomplete forms that were copied from the previous day. The Administrator indicated she forgot to fill out the forms and admitted to filling out the forms on 09/01/14. Related to Criminal Background Checks 18. An policy titled "Selection / Hiring of Personnel" dated 01/15/14 stated, " A criminal background check will be obtained for positions as required by laws and regulation ... " 19. 9. Personnel file A, an occupational therapist, date of hire 01/06/12, failed to evidence a criminal background check within 3 days of hire.			

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	20. Personnel file D, a home health aide, date of hire 04/10/14, failed to evidence a criminal background check within 3 days of hire. 21. Personnel file F, a home health aide, date of hire 07/08/13, failed to evidence a criminal background check within 3 days of hire. 22. Personnel file M, a home health aide, date of hire 06/29/14, failed to evidence a criminal background check within 3 days of hire. 23. Personnel file O, a home health aide, date of hire 11/18/13, failed to evidence a criminal background check within 3 days of hire. 24. Personnel file P, a home health aide, date of hire 06/20/14, failed to evidence a criminal background check within 3 days of hire. 25. Personnel file R, a home health aide, date of hire 06/18/14, failed to evidence a criminal background check within 3 days of hire. 26. Personnel file S, a home health aide, date of hire 07/29/14, failed to evidence a criminal background check within 3 days of hire.			

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	27. Personnel file T, a home health aide, date of hire 10/01/11, failed to evidence a criminal background check within 3 days of hire. 28. Personnel file U, a home health aide, date of hire 06/20/14, failed to evidence a criminal background check within 3 days of hire. 29. Personnel file V, a home health aide, date of hire 01/10/14, failed to evidence a criminal background check within 3 days of hire. 30. Personnel file X, a home health aide, date of hire 06/20/14, failed to evidence a criminal background check within 3 days of hire. 31. The Administrator indicated on 09/02/14 at 10:35 AM that she was unaware of the need to obtain a limited criminal history within 3 day Related to Annual Performance Evaluations Related to annual evaluations 32. A policy titled "Performance Evaluations" dated 01/15/14 stated, "Performance evaluations will be			

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	completed [and dated] on all personnel as follows: A. Annually, based on personnel's annual evaluation date ... " 33. Personnel record F, a home health aide, date of hire 07/08/13, failed to evidence an annual evaluation for 2014. 34. Personnel record G, a home health aide, date of hire 08/30/13, failed to evidence an annual evaluation for 2014. 35. Personnel record N, a home health aide, date of hire 05/03/12, failed to evidence an annual evaluation for 2014. 36. Personnel record S, a home health aide, date of hire 07/29/13, failed to evidence an annual evaluation for 2014. 37. The Administrator and / or Director of Clinical Services was unable to provide further documentation when requested on 09/01/14 at 4:00 PM. Related to Tuberculosis Screening 38. A policy titled "Selection / Hiring of Personnel" dated 01/15/14 stated, "Health Requirements. 1. Personnel with Patient Contact: All new personnel who will be in contact with patients and rehires who have not been employed or re-employed. In addition, personnel must have			

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	Mantoux test or show evidence that there is no active Tuberculosis in the past 12 months ... prior to providing care. Each year, personnel with patient contact must have a Mantoux test or Tuberculosis screen. Documentation of these tests will be maintained in the personnel health file ..." 39. Personnel file C, a registered nurse, date of hire 05/04/12 evidence a Mantoux skin test form which indicated a skin test was administered on 07/29/13 and the results was read on 07/31/13. The times of administration and reading of results were not documented on the form. Mantoux skin test for 2014 was administered on 03/18/14 and the results was read on 03/20/14. The times of administration and reading of results were not documented on the form. 40. Personnel file J, a home health aide, date of hire 04/20/13 evidence a Mantoux skin test form which indicated a skin test was administered on 01/10/14 and the results was read on 01/13/14. The times of administration and reading of results were not documented on the form.			

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	41. Personnel file K, a home health aide, date of hire 11/26/12 evidence an Immunization record from a medical group stating that a "negative" Mantoux skin test was administered on 11/30/12. The next date of Mantoux skin test was 02/24/14. The times of administration and the date and time of the reading of the results 2012 were not documented. The times and date of administration and reading for 2014 were not documented on the form. The clinical record failed to evidence a Mantoux skin test for 2013. 42. Personnel file M, a home health aide, date of hire 06/29/14 failed to evidence a Mantoux skin test prior to the patient contact dated 06/30/14. 43. Personnel file O, a home health aide, date of hire 11/18/13 evidence a Mantoux skin test form which indicated a skin test was administered on 12/09/13 and the results was read on 12/11/13. The time of the administration was not documented on the form. 44. Personnel file P, a home health aide,			

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	date of hire 06/20/14 failed to evidence a Mantoux skin test prior to the first patient contact dated 06/29/14.45. Personnel file Q, a home health aide, date of hire 03/01/12 evidence a Mantoux skin test form which indicated a skin test was administered on 06/30/14 and the results was read on 07/03/14. The times of administration and reading of results were not documented on the form. 46. Personnel file S, a home health aide, date of hire 07/29/13 was identified as a positive responder to Mantoux skin testing. The clinical record failed to evidence an Annual Risk Assessment for upon hire and again in 2014. 47. Personnel file T, a home health aide, date of hire 10/01/11 failed to evidence a Mantoux skin test within one year from the last Mantoux skin test dated 05/24/13. 48. Personnel file W, a home health aide, date of hire 01/17/14 failed to evidence a Mantoux skin test prior to the first patient contact dated 02/02/14.			

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	49. Personnel file X, a home health aide, date of hire 06/20/14 failed to evidence a Mantoux skin test prior to the first patient contact dated 06/23/14. 50. The Administrator indicated on 009/02/14 at 10:35 AM that she was not aware of the need for an annual risk assessment and was not award of the the times to be included in the Mantoux forms. The Administrator was not able to provide any further documentation by the exit conference on 09/03/14 at 4:00 PM. Under Licensure / Certification / Registration 51. A policy titled " Licensure / Certification / Registration" dated 01/15/14 stated, "Personnel must maintain and show proof of licensure, certification, and / or registration as appropriate. 2. Personnel must comply with requirements to maintain such licensure, certification, and / or registration in accordance with applicable state law and regulation. 3. A current copy or other proof of licensure, certification, and / or registration will be			

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	kept in the personnel file ... " 52. Personnel record D, a home health aide, date of hire 04/10/14 and first patient contact 04/22/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 53. Personnel record J, a home health aide, date of hire 04/20/14 and first patient contact 04/24/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 54. Personnel record M, a home health aide, date of hire 06/29/14 and first patient contact 06/30/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 55. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 56. Personnel record S, a home health			

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	157632	A. BUILDING 00 B. WING	09/03/2014

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	aide, date of hire 07/29/14 and first patient contact 08/02/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 57. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 58. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 59. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 60. The Administrator indicated on 09/03/14 at 1:15 PM she was not able to			

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	locate personnel record M in the office. The Administrator was not able to provide any further documentation upon request.			
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 and interview, the agency failed to ensure visits were made by Home Health Aides, Medical Social Worker, Occupational Therapy, and Physical Therapy as ordered on the plan of care for 7 of 8 records reviewed and creating the potential to affect all 93 patients receiving services within the agency. (# 1, 2, 3, 5, 6, 7, and 8) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care	G000158	This issue has two parts. First part was related to the Scheduling Coordinator not following instruction and company policy related to staffing of HHA within 48 hours of POC completion and notification to the Clinical Director if reason unable to staff per company policy. No notes in the system of explanation of why delay, and no verbal communication to Clinical Director during routine morning meetings. Scheduling Coordinator was released from our employment by 9/4/14, and the function of Scheduling Coordinator was assumed by Clinical Director until new	09/15/2014

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	established by the physician for certification period 07/19/14 to 09/16/14 with orders for home health aide services 3 times a week, physical therapy visits 2 times a week for 8 weeks starting 07/24/14, occupational therapy evaluation, and a medical social worker evaluation ordered on 07/25/14 and again on 08/20/14. a. The clinical record evidenced the first home health aide visit was made on 08/11/14. The clinical record failed to evidence home health aide visits between 07/19/14 to 08/09/14. b. The clinical record failed to evidence a second physical therapy visit the week of 08/03/14. c. The clinical record evidence occupational therapy evaluation visit on 07/25/14 and routine visits on 7/29, 07/30, 08/07. 08/08, 08/15 and 08/22/14. The clinical record failed to evidence a physician's order for the continued occupational therapy visits. d. The clinical record failed to evidence a medical social worker had evaluated the patient. 2. Clinical record number 2, SOC 07/10/14, included a plan of care		Scheduling Coordinator hired. Since audit the Clinical Director in lieu of hiring of new scheduling coordinator is assigning the HHA within 48 hours of POC receipt per company policy. This change created a immediate rectification of deficiency. 2nd item noted during internal Audit after exit shows that Skilled labor RN, PT/OT etc was not documenting properly missed visits due to patient refusal, scheduled MD appointments etc. preventing clinician from arriving on scheduled visit day. Procedure prior to new computer system was to notify the MD via fax of completion of our paper Missed Visit Record. Audit was performed on old database in which the calendar of visits performed and ability to view lack of compliance by the clinician was not available. New system Axxess, gives the clinician a view of the calendar and can at a glance see missed visits notification for completion. Starting 9/15/14 Clinical Director upon approval of the plan of care is populating this calendar through out the entire 60 day certification period to ensure that visually we are able to track these missed visits. By pre scheduling anticipated visits per order the clinician is forced to either enter in cooresponding note for visits made, or complete the electronic missed visit report with explanation of why visit was not	

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	established by the physician for certification period 07/10/14 to 09/07/14 with orders for a home health aide 3 times a week. The clinical record failed to evidence a home health aide visit had been made 3 times a week during the weeks of 07/27/14, 08/03/14, and 08/17/14. 3. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for a home health aide 2 times a week. The clinical record evidenced the first home home aide visit was made on 08/11/14. The clinical record failed to evidence home health aide visits between 07/28/14 to 08/10/14. 4. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 with orders for skilled nursing 1 time a week for 9 weeks. The clinical record failed to evidence that a skilled nurse seen the patient during the weeks of 06/22/14, 06/29/14, 07/27/14, 08/03/14, and 08/10/14. 5. Clinical record number 6, SOC 04/16/14, included a plan of care established by the physician for		performed per order. This method of tracking should ensure that the deficiency should not reoccur. Clinical Director responsible for scheduling 60 days out of visits/order. Administrator and the Clinical Director will perform audits of all charts upon the completion of the 60 day period and monthly to ensure ongoing compliance and deficiency will not reoccur Missed Visits already on quarter audit tool, but will be cited as a indicator for 2014 and 2015. 10% of active files will be audited quarterly to monitor this indicator to ensure ongoing compliance.	

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	certification period 08/14/14 to 10/12/14 with orders for a physical therapy evaluation. The clinical record failed to evidence a physical therapist had evaluated the patient. 6. Clinical record number 7, SOC 06/19/14, included a plan of care established by the physician for certification period 06/19/14 to 08/17/14 with orders for physical therapy 2 times a week for 9 weeks. The clinical record failed to evidence a second physical therapy visit for the weeks between 06/20/14 to 07/18/14. 7. Clinical record number 8, SOC 03/14/14, included a plan of care established by the physician for certification period 05/03/14 to 07/01/14 with orders for skilled nursing 1 time a week for 9 weeks. The plan of care was updated on 06/04/14 with skilled nursing increased to 2 times a week for 4 weeks. The clinical record failed to evidence a skilled nurse visit was made between 06/18/14 to 06/23/14 and a second skilled nurse visit the week of 06/08/14. 8. The Director of Clinical services indicated on 08/29/14 at 11:45 AM and 09/03/14 at 2:00 PM that he was unable to locate clinical documentation to indicate why home health aide visits were			

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	started late, the reason for medical social worker not completing the evaluation in a timely manner, and he was unable to locate missed visit notes.			
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 appropriate items. Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care was revised and updated to include all durable medical equipment (DME) and medications and was reviewed by the physician for 5 of 8 records reviewed creating the potential to affect all current 93 patients receiving services. (# 1, 2, 3, 4, and 5)	G000159	Durable Medical equipment within our old system had to be hand entered into the 485. There was also an education issue with our clinical staff where items other than what was supplied by Reliant@Home needed to be acknowledged on the 485. Nursing meeting one week following audit, and via E-mail during audit the clinical team was notified of this requirement. The new system Axxess give prompts and commonly used items listings	09/15/2014

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	Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14. During a home visit on 08/27/14 at 9:00 AM, the patient was observed to have a 3 large liquid oxygen containers, oxygen tubing, nebulizer machine, walker, and a commode. The clinical record failed to include DME equipment on the plan of care. The orders / clinical summary / communication section of the comprehensive assessment stated the plan of care was reviewed and approved by the Nurse Practitioner. The clinical record failed to evidence the admitting physician reviewed the plan of care. 2. Clinical record number 2, SOC 07/10/14, included a plan of care established by the physician for certification period 07/10/14 to 09/07/14. During a home visit on 08/27/14 at 11:00 AM, the patient was observed to have a walker, cane, and bath bench. The clinical record failed to include DME equipment on the plan of care. 3. Clinical record number 3, SOC 07/28/14, included a plan of care		to remind the clinician of this requirement. Prior to first quarter PI audit this deficiency is being monitored during initial assessment, recertifictions, etc by the Clinical Director during the Qa portion of documenation approval to ensure the full list of DME is being listed effective 9/15/14. Immediately following audit all clinicians notified via E-mail and order corrections received and processed for signature to add the DME in the home to the current active 485. This was also completed by 9/15/14. The Performance Improvement audit tool will also use this deficiency as an indicator starting in the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that DME in the home is listed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Reminder to the clinical team of the need to move any new medications to the POC on the next certification period was also inserviced to the staff via E-mail and during routine staff meeting within one week of survey exit. Prior to first quarter PI audit this deficiency is being monitored during initial assessment, recertifictions, etc by the Clinical Director during the Qa portion of documenation approval to ensure the full list of medications and any	

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	established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. The clinical record failed to include dressings and type of wound management / treatment on the plan of care. 4. Clinical record number 4, SOC 08/06/14, included a plan of care established by the physician for certification period 08/06/14 to 10/14/14. The admitting comprehensive assessment stated that the patient had a walker, wheelchair, and incontinent briefs. The clinical record failed to include the walker, wheelchair, and incontinent briefs on the plan o f care. 5. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification periods 06/14/14 to 08/12/14 and 08/13/14 to 10/11/14 with orders for skilled nursing 1 time a week for 9 weeks.		medication adjustments are reflected on the 485. This was initiated effective 9/15/14. This was already a indicator on the PI tool, but will be continued to be audited through the 2014 and 2015 PI period. 10% of all clinical records will be audited quarterly for evidence that medication changes are moved to the recertification. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur.	

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a. The admission comprehensive assessment dated 04/15/14 and the recertification reassessment dated 06/10/14 stated the patient had a right upper quadrant fistula and a left lower ostomy. The clinical record failed to evidence care and treatment to the right upper quadrant fistula and failed to evidence colostomy size, care and treatment to the left lower ostomy.

b. A physicians order dated 05/29/14 stated for the warfarin 2.5 mg (milligrams) to be given every Friday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the new physician's order.

c. A physician order dated 07/18/14 stated for the warfarin 2.5 mg to be given every Tuesday / Saturday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the physician's new order.

d. A physician order dated 07/29/14 stated Cathflo Activase 2 mg vial to be diluted with sterile water to unclog the patient's implanted port as needed. The plan of care failed to evidence the Activase had been included in the plan of

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	care. 6. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 09/02/14 at 1:30 PM. 7. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "A plan of care will be developed from the information gathered during the initial and comprehensive assessment. the patient's physician is consulted for approval if additions or modifications to the plan of care are required after the assessment is completed ... equipment presently in the home and potentially needed by the patient ... "			
G000168	484.30 SKILLED NURSING SERVICES Based on clinical record and policy review, observation, and interview, it was determined the agency failed to ensure skilled nurse visits were made as ordered on the plan of care for 2 of 8 records reviewed creating the potential to affect all 93 patients receiving services within the agency (See G 170); failed to ensure the Registered Nurse revised and updated the plan of care to include all durable	G000168	Durable Medical equipment within our old system had to be hand entered into the 485. There was also an education issue with our clinical staff where items other than what was supplied by Reliant@Home needed to be acknowledged on the 485. Nursing meeting one week following audit, and via E-mail during audit the clinical team was notified of this requirement. The new system Axxess give prompts	09/15/2014

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	medical equipment (DME) and medications for 5 of 8 records reviewed creating the potential to affect all current 93 patients receiving services (See G 173); and failed to ensure the Registered Nurse adequately evaluated a surgical wound for 1 of 2 records reviewed of patients who had wound care in a sample of 8 creating the potential to affect all patients currently receiving wound treatment (See G 172). The cumulative effect of these systemic problems resulted in the agency being found out of compliance with the Condition of Participation 484.30: Skilled Nursing Services.		and commonly used items listings to remind the clinician of this requirement. The Performance Improvement audit tool will also use this deficiency as an indicator starting in the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that DME in the home is listed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Wound assessments and measurements of wounds is a requirement according to company policy on each visit unless orders state otherwise. Review with nursing staff on reporting in clinical documentation of wound measurements performed during routine staff meeting, and via E-mail. The Performance Improvement audit tool will also use this deficiency as an indicator starting the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that wound care measurements are being performed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency do not reoccur.	
G000170	484.30 SKILLED NURSING SERVICES			

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	The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record review and interview, the agency failed to ensure skilled nurse visits were made as ordered on the plan of care for 2 of 8 records reviewed creating the potential to affect all 93 patients receiving services within the agency. (# 2 and 5) Findings include: 1. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 with orders for skilled nursing 1 time a week for 9 weeks. The clinical record failed to evidence that a skilled nurse seen the patient during the week of 06/22/14, 06/29/14, 07/27/14, 08/03/14, and 08/10/14. 2. Clinical record number 8, SOC 03/14/14, included a plan of care established by the physician for certification period 05/03/14 to 07/01/14 with orders for skilled nursing 1 time a week for 9 weeks. The plan of care was updated on 06/04/14 with skilled nursing increased to 2 times a week for 4 weeks. The clinical record failed to evidence a skilled nurse visit was made between 06/18/14 to 06/23/14 and a second skilled	G000170	This issue has two parts. First part was related to the Scheduling Coordinator not following instruction and company policy related to staffing of HHA within 48 hours of POC completion and notification to the Clinical Director if reason unable to staff per company policy. No notes in the system of explanation of why delay, and no verbal communication to Clinical Director during routine morning meetings. Scheduling Coordinator was released from our employment by 9/4/14, and the function of Scheduling Coordinator was assumed by Clinical Director until new Scheduling Coordinator hired. Since audit the Clinical Director in lieu of hiring of new scheduling coordinator is assigning the HHA within 48 hours of POC receipt per company policy. This change created a immediate rectification of deficiency. 2nd item noted during internal Audit after exit shows that Skilled labor RN, PT/OT etc was not documenting properly missed visits due to patient refusal, scheduled MD appointments etc. preventing clinician from arriving on scheduled visit day. Procedure prior to new computer system was to notify the MD via fax of completion of our paper Missed Visit Record. Audit was performed on old database in	09/15/2014

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	nurse visit the week of 06/08/14. 3. The Director of Clinical Services indicated on 08/29/14 at 11:45 AM and 09/03/14 at 2:00 PM that he was unable to locate missed visit notes.		which the calendar of visits performed and ability to view lack of compliance by the clinician was not available. New system Axxess, gives the clinician a view of the calendar and can at a glance see missed visits notification for completion. Starting 9/15/14 Clinical Director upon approval of the plan of care is populating this calendar through out the entire 60 day certification period to ensure that visually we are able to track these missed visits. By pre scheduling anticipated visits per order the clinician is forced to either enter in cooresponding note for visits made, or complete the electronic missed visit report with explanation of why visit was not performed per order. This method of tracking should ensure that the deficiency should not reoccur. Clinical Director responsible for scheduling 60 days out of visits/order. Administrator and the Clinical Director will perform audits of all charts upon the completion of the 60 day period and monthly to ensure ongoing compliance and deficiency will not reoccurMissed Visits already on quarter audit tool, but will be cited as a indicator for 2014 and 2015. 10% of active files will be audited quarterly to monitor this indicator to ensure ongoing compliance.	
G000172	484.30(a) DUTIES OF THE REGISTERED NURSE			

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RELIANT AT HOME LTD	341 LOGAN ST STE L110 NOBLESVILLE, IN 46060

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	The registered nurse regularly re-evaluates the patients nursing needs. Based on clinical record review and interview, the agency failed to ensure the Registered Nurse adequately evaluated a patient with a surgical wound for 1 of 2 records reviewed of patients who had wound care creating the potential to affect all patients currently receiving wound treatment. (# 3) Findings include: 1. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. a. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. b. Skilled nursing visit notes dated 07/30, 08/01, 08/04, 08/06, 08/12, 08/13, 08/19, 08/21, and 8/29/14 stated the patient had a surgical wound but it was not measured. The clinical record failed to evidence a complete assessment of the surgical wound (e.g. description and / or	G000172	Wound assessments and measurements of wounds is a requirement according to company policy on each visit unless orders state otherwise. Review with nursing staff on reporting in clinical documentation of wound measurements performed during routine staff meeting, and via E-mail. Since Staff Meeting and E-mail notification, the Clinical Director during the QA portion of the documentation approval has been checking to ensure that measurements are in the documenation prior to full approval for billing. This started on 9/15/14. If the documenation is lacking this requirement it is returned to the clinician for correction. The ongoing monitoring should ensure this deficiency is corrected and should not reoccur. The Performance Improvement audit tool will also use this deficiency as an indicator starting the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that wound care measurements are being performed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency do not reoccur.	09/15/2014

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	measurement). 2. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 08/29/14 at 2:30 PM. 3. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "During each home visit the appropriate clinician [nurse or therapist] will re - evaluate the patient according to the problems identified during the initial visit and there after ... "			
G000173	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. Based on clinical record and policy review, observation, and interview, the agency failed to ensure the Registered Nurse revised and updated the plan of care to include all durable medical equipment (DME) and medications for 5 of 8 records reviewed creating the potential to affect all current 93 patients receiving services. (# 1, 2, 3, 4, and 5) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14.	G000173	Durable Medical equipment within our old system had to be hand entered into the 485. There was also an education issue with our clinical staff where items other than what was supplied by Reliant@Home needed to be acknowledged on the 485. Nursing meeting one week following audit, and via E-mail during audit the clinical team was notified of this requirement. The new system Axxess give prompts and commonly used items listings to remind the clinician of this requirement. Prior to first quarter PI audit this deficiency is being monitored during initial assessment, recertifictions, etc by the Clinical Director during the Qa	09/15/2014

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	During a home visit on 08/27/14 at 9:00 AM, the patient was observed to have a 3 large liquid oxygen containers, oxygen tubing, nebulizer machine, walker, and a commode. The clinical record failed to include DME equipment on the plan of care. 2. Clinical record number 2, SOC 07/10/14, included a plan of care established by the physician for certification period 07/10/14 to 09/07/14. During a home visit on 08/27/14 at 11:00 AM, the patient was observed to have a walker, cane, and bath bench. The clinical record failed to include DME equipment on the plan of care. 3. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. The clinical record failed to include dressings and type of wound management / treatment on the plan of care.		portion of documenation approval to ensure the full list of DME is being listed effective 9/15/14. Immediately following audit all clinicians notified via E-mail and order corrections received and processed for signature to add the DME in the home to the current active 485. This was also completed by 9/15/14. The Performance Improvement audit tool will also use this deficiency as an indicator starting in the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that DME in the home is listed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Reminder to the clinical team of the need to move any new medications to the POC on the next certification period was also inserviced to the staff via E-mail and during routine staff meeting within one week of survey exit. Prior to first quarter PI audit this deficiency is being monitored during initial assessment, recertifictions, etc by the Clinical Director during the Qa portion of documenation approval to ensure the full list of medications and any medication adjustments are reflected on the 485. This was initiated effective 9/15/14. This was already a indicator on the PI tool, but will be continued to be audited through the 2014 and	

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	4. Clinical record number 4, SOC 08/06/14, included a plan of care established by the physician for certification period 08/06/14 to 10/14/14. The admitting comprehensive assessment stated that the patient had a walker, wheelchair, and incontinent briefs. The clinical record failed to include the walker, wheelchair, and incontinent briefs on the plan o f care. 5. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification periods 06/14/14 to 08/12/14 and 08/13/14 to 10/11/14 with orders for skilled nursing 1 time a week for 9 weeks. a. The admission comprehensive assessment dated 04/15/14 and the recertification reassessment dated 06/10/14 stated the patient had a right upper quadrant fistula and a left lower ostomy. The clinical record failed to evidence care and treatment to the right upper quadrant fistula and failed to evidence colostomy size, care and treatment to the left lower ostomy. b. A physicians order dated 05/29/14 stated for the warfarin 2.5 mg		2015 PI period. 10% of all clinical records will be audited quarterly for evidence that medication changes are moved to the recertification. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Wound assessments and measurements of wounds is a requirement according to company policy on each visit unless orders state otherwise. Review with nursing staff on reporting in clinical documentation of wound measurements performed during routine staff meeting, and via E-mail. Since Staff Meeting and E-mail notification, the Clinical Director during the QA portion of the documentation approval has been checking to ensure that measurements are in the documenation prior to full approval for billing. This started on 9/15/14. If the documenation is lacking this requirement it is returned to the clinician for correction. The ongoing monitoring should ensure this deficiency is corrected and should not reoccur. The Performance Improvement audit tool will also use this deficiency as an indicator starting the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that wound care measurements are being	

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	(milligrams) to be given every Friday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the new physician's order. c. A physician order dated 07/18/14 stated for the warfarin 2.5 mg to be given every Tuesday / Saturday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the physician's new order. d. A physician order dated 07/29/14 stated Cathflo Activase 2 mg vial to be diluted with sterile water to unclog the patient's implanted port as needed. The plan of care failed to evidence the Activase had been included in the plan of care. 6. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 09/02/14 at 1:30 PM. 7. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "A plan of care will be developed from the information gathered during the initial and comprehensive assessment. the patient's physician is consulted for approval if additions or modifications to the plan of		performed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency do not reoccur.	

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	care are required after the assessment is completed ... equipment presently in the home and potentially needed by the patient ... "			
G000174	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse furnishes those services requiring substantial and specialized nursing skill. Based on clinical record review and interview, the agency failed to ensure the Registered Nurse adequately assessed a patient with a surgical wound for 1 of 2 records reviewed of patients who had wound care creating the potential to affect all patients currently receiving wound treatment. (# 3) Findings include: 1. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks	G000174	Wound assessments and measurements of wounds is a requirement according to company policy on each visit unless orders state otherwise. Review with nursing staff on reporting in clinical documentation of wound measurements performed during routine staff meeting, and via E-mail. Since Staff Meeting and E-mail notification, the Clinical Director during the QA portion of the documentation approval has been checking to ensure that measurements are in the documenation prior to full approval for billing. This started on 9/15/14. If the documenation is lacking this requirement it is returned to the clinician for correction. The ongoing monitoring should ensure this	09/15/2014

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	for wound management. a. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. b. Skilled nursing visit notes dated 07/30, 08/01, 08/04, 08/06, 08/12, 08/13, 08/19, 08/21, and 8/29/14 stated the patient had a surgical wound but it was not measured. The clinical record failed to evidence a complete assessment of the surgical wound (e.g. description and / or measurement). 2. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 08/29/14 at 2:30 PM. 3. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "During each home visit the appropriate clinician [nurse or therapist] will re - evaluate the patient according to the problems identified during the initial visit and there after ... "		deficiency is corrected and should not reoccur. The Performance Improvement audit tool will also use this deficiency as an indicator starting the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that wound care measurements are being performed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency do not reoccur.	
G000186	484.32 THERAPY SERVICES The qualified therapist assists the physician in evaluating the patient's level of function,			

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	and helps develop the plan of care (revising it as necessary.) Based on clinical record review and interview, the agency failed to ensure visits were made by Occupational and Physical Therapy as ordered on the plan of care for 3 of 8 records reviewed of patients receiving therapy services creating the potential to affect all current patients receiving services within the agency. (# 1, 6, and 7) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14 with orders for physical therapy visits 2 times a week for 8 weeks starting 07/24/14 and occupational therapy evaluation. a. The clinical record failed to evidence a second physical therapy visit the week of 08/03/14. b. The clinical record evidenced an occupational therapy evaluation visit on 07/25/14 and routine visits on 7/29, 07/30, 08/07. 08/08, 08/15 and 08/22/14. The clinical record failed to evidence a physician's order for the continued occupational therapy visits.	G000186	This issue has two parts. First part was related to the Scheduling Coordinator not following instruction and company policy related to staffing of HHA within 48 hours of POC completion and notification to the Clinical Director if reason unable to staff per company policy. No notes in the system of explanation of why delay, and no verbal communication to Clinical Director during routine morning meetings. Scheduling Coordinator was released from our employment by 9/4/14, and the function of Scheduling Coordinator was assumed by Clinical Director until new Scheduling Coordinator hired. Since audit the Clinical Director in lieu of hiring of new scheduling coordinator is assigning the HHA within 48 hours of POC receipt per company policy. This change created a immediate rectification of deficiency. 2nd item noted during internal Audit after exit shows that Skilled labor RN, PT/OT etc was not documenting properly missed visits due to patient refusal, scheduled MD appointments etc. preventing clinician from arriving on scheduled visit day. Procedure prior to new computer system was to notify the MD via fax of completion of our paper Missed Visit Record. Audit was performed on old database in	09/15/2014

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	2. Clinical record number 6, SOC 04/16/14, included a plan of care established by the physician for certification period 08/14/14 to 10/12/14 with orders for a physical therapy evaluation. The clinical record failed to evidence that a physical therapist had evaluated the patient. 3. Clinical record number 7, SOC 06/19/14, included a plan of care established by the physician for certification period 06/19/14 to 08/17/14 with orders for physical therapy 2 times a week for 9 weeks. The clinical record failed to evidence a second physical therapy visit 2 times a week between 06/20/14 to 07/18/14. 4. The Director of Clinical services indicated on 08/29/14 at 11:45 AM and 09/03/14 at 2:00 PM that he was unable to locate missed visit notes.		which the calendar of visits performed and ability to view lack of compliance by the clinician was not available. New system Axxess, gives the clinician a view of the calendar and can at a glance see missed visits notification for completion. Starting 9/15/14 Clinical Director upon approval of the plan of care is populating this calendar through out the entire 60 day certification period to ensure that visually we are able to track these missed visits. By pre scheduling anticipated visits per order the clinician is forced to either enter in cooresponding note for visits made, or complete the electronic missed visit report with explanation of why visit was not performed per order. This method of tracking should ensure that the deficiency should not reoccur. Clinical Director responsible for scheduling 60 days out of visits/order. Administrator and the Clinical Director will perform audits of all charts upon the completion of the 60 day period and monthly to ensure ongoing compliance and deficiency will not reoccurMissed Visits already on quarter audit tool, but will be cited as a indicator for 2014 and 2015. 10% of active files will be audited quarterly to monitor this indicator to ensure ongoing compliance. One OT situation during audit was a care plan performed, but OT failed to write frequency on	

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			the order. OT was on paper at the time, and requested to return to the audit to correct this order. All documenation now is electronic including order generation and assessments. Repeat of this situation should not be possible due to our transition to this new method of documentation. Clinical Director responsible for ongoing education and compliance monitoring	
G000202	484.36 HOME HEALTH AIDE SERVICES Based on personnel file review and interview, it was determined the agency failed to ensure the aide training program address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training. 484.36(a)(1) - (i) Communications skills. (ii) Observation, reporting and documentation of patient status and the care or service furnished. (iii) reading and recording temperature, pulse, and respiration. (iv) Basic infection control procedures. (v) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. (vi) Maintenance of a clean, safe, and healthy environment. (vii) Recognizing emergencies and knowledge of emergency procedures. (viii) The	G000202	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. No employee will be worked until this is completed	09/30/2014

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	physical, emotional, and developmental needs of and ways to work with the populations served by the HHA (home health agency), including the need for respect for the patient, his or her privacy and his or her property. (ix) Appropriate and safe techniques in personal hygiene and grooming that include -- (A) Bed bath. (B) Sponge, tub, or shower bath. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (x) Safe transfer techniques and ambulation. (xi) Normal range of motion and positioning. (xii) Adequate nutrition and fluid intake. (xiii) Any other task that the HHA may choose to have the home health aide perform for 11 of 11 personnel records reviewed of aides who were to have completed the home health aide training program creating the potential to affect all patients who were receiving services within the agency (See G 204); failed to ensure the individual aide being trained completed at least 16 hours of classroom training before beginning the supervised practical training for 11 of 11 personnel files reviewed creating the potential to affect all patients who were receiving home health aide services (See G 205); failed to ensure the aide training program address each of the following subject areas through classroom and supervised practical training totaling at least 75		and registry application filed with the State.	

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	hours, with at least 16 hours devoted to supervised practical training 484.36(a)(1) - (i) Communications skills. (ii) Observation, reporting and documentation of patient status and the care or service furnished. (iii) reading and recording temperature, pulse, and respiration. (iv) Basic infection control procedures. (v) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. (vi) Maintenance of a clean, safe, and healthy environment. (vii) Recognizing emergencies and knowledge of emergency procedures. (viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA [home health agency], including the need for respect for the patient, his or her privacy and his or her property. (ix) Appropriate and safe techniques in personal hygiene and grooming that include -- (A) Bed bath. (B) Sponge, tub, or shower bath. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (x) Safe transfer techniques and ambulation. (xi) Normal range of motion and positioning. (xii) Adequate nutrition and fluid intake. (xiii) Any other task that the HHA may choose to have the home health aide perform for 11 of 11 records reviewed of aides who were to have completed the			

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(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
	home health aide training program creating the potential to affect all patients who were receiving home health aide services within the agency (See G 206); failed to ensure the training of home health aides and the supervision of home health aides during the supervised practical portion of the training was performed by a Registered Nurse creating the potential to affect all patients who received care within the agency (See G 208); failed to ensure home health aide competency documentation was maintained in the personnel record for 7 of 21 records reviewed of home health aides who are providing care creating the potential to affect all patients receiving home health aide services within the agency (See G 210); failed to ensure the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services (See G 211); failed to ensure the home health aide successfully completed a competency evaluation program before the aide provided care for 4 of 21 aide files reviewed of aides employed by the agency with the			

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	potential to affect all the patients receiving home health aide services (See G 212); failed to ensure the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services (See G 213); failed to ensure the home health aide successfully completed a competency evaluation program performed by a registered nurse for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services (See G 217) failed to ensure the home health aide successfully completed a competency evaluation program that included evaluation of the performance of tasks at paragraphs (a)(1)(iii), (ix), (x), and (xi) of this section with a patient for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services (See G 218); and failed to ensure documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care for 4 of 21 aides			

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	employed by the agency with the potential to affect all the patients receiving home health aide services (See G 221). The cumulative effect of these systemic problems resulted in the agency being found out of compliance with the Condition of Participation 484.36 Home health aide services.			
G000204	484.36(a)(1) HHA TRAINING - CONTENT & DURATION The aide training program must address each of the following subject areas through classroom and supervised practical training totalling at least 75 hours, with at least 16 hours devoted to supervised practical training. Based on personnel file review and interview, the agency failed to ensure the aide training program address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training: 484.36(a)(1) - (i) Communications skills. (ii) Observation, reporting and documentation of patient status and the care or service furnished. (iii) reading and recording temperature, pulse, and respiration. (iv) Basic infection control procedures. (v) Basic	G000204	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in	09/30/2014

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	elements of body functioning and changes in body function that must be reported to an aide's supervisor. (vi) Maintenance of a clean, safe, and healthy environment. (vii) Recognizing emergencies and knowledge of emergency procedures. (viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA (home health agency), including the need for respect for the patient, his or her privacy and his or her property. (ix) Appropriate and safe techniques in personal hygiene and grooming that include -- (A) Bed bath. (B) Sponge, tub, or shower bath. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (x) Safe transfer techniques and ambulation. (xi) Normal range of motion and positioning. (xii) Adequate nutrition and fluid intake. (xiii) Any other task that the HHA may choose to have the home health aide perform for 11 of 11 personnel records reviewed of aides who were to have completed the home health aide training program creating the potential to affect all patients who were receiving aide services within the agency. (D, J, K, L, M, O, P, R, T, V, and X) Findings include:		October. Class still pending for any Noblesville hires. No employee will be worked until this is completed and registry application filed with the State. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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	1. Personnel record D date of hire 04/10/14 and first patient contact 04/22/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. There was not a skills competency check off in the personnel file. b. On the Home Health Aide Registry application, employee dated the application of completion 04/10/14. c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana Licensing Board identified employee D was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 2. Personnel record J date of hire 04/20/14 and first patient contact 04/24/14, included a skills competency check off with a date of 04/19/14. Verification with the Indiana Licensing Board identified employee J			

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	was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 3. Personnel record K date of hire 11/26/13 and first patient contact 12/10/13. Verification with the Indiana Licensing Board identified employee K was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 4. Personnel record L date of hire 03/05/14 and first patient contact 03/08/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The written exam was not graded by the agency. b. On the Home Health Aide Registry application, the employee dated the application 04/10/14. c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana			

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	Licensing Board identified employee L was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 5. Personnel record M date of hire 06/29/14 and first patient contact 06/30/14. Verification with the Indiana Licensing Board identified employee M was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 6. Personnel record O date of hire 11/18/13 and first patient contact 11/19/13. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. b. The Home Health Aide Registry application indicated the employee date of hire was 11/08/13 with the Program Director's illegible signature dated 12/10/13. c. The former Director of Clinical Services checked off employee O on 10/23/13 for bodily functions (toileting), universal precautions, mobility, and personal care. On 02/23/14, employee O			

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	was checked off for Hoyer lift, hair / shampoo, skin fluid balances, environment services, and medication assistance. Vital signs was not checked off. c. The swearing of completion had a date of 12/10/13 with the Administrator signature dated on 11/26/13. d. Verification with the Indiana Licensing Board identified employee O was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 7. Personnel record P date of hire 06/20/14 and first patient contact 06/29/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was not completed and the written test was not graded by the agency. b. Employee F, a registered nurse, indicated on the Home Health Aide application "swearing of completion" section that employee P completed the competency evaluation program. The Administrator failed to evidence a			

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	signature of the completion of the competency evaluation program c. Verification with the Indiana Licensing Board identified employee P was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 8. Personnel record R date of hire 06/18/14 and first patient contact 06/20/14. a. The Home Health Aide Registry application form stated employee R date of hire was 05/20/14. b. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was dated 06/14/14. Employee R written exam indicated the employee missed 41 questions. The personnel record did not evidence a new exam. c. The "swearing of completion" had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date of 02/19/14. d. Verification with the Indiana			

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	Licensing Board identified employee R was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 9. Personnel record T date of hire 10/01/11 and first patient contact 01/07/11. Verification with the Indiana Licensing Board identified employee T was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 10. Personnel record V date of hire 01/10/14 and first patient contact 01/14/14. a. The personnel file failed to evidence a skills competency check off and a written exam. b. Verification with the Indiana Licensing Board identified employee V was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 11. Personnel record X date of hire 06/20/14 and first patient contact 06/23/14.			

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	a. The personnel file evidenced a written exam that was not graded. The skills competency check off was not signed by employee X. b. The Signature and Certification of the application failed to evidence the trainer's name in the "swearing of completion" section stating the employee completed the training program but there was a signature by employee F and the Administrator. Neither signatures evidenced a date. c. Verification with the Indiana Licensing Board identified employee X was not a certified nursing assistant. The personnel record failed to evidence that the employee completed an aide training program prior to providing patient care. 12. Employee Y was interviewed on 08/28/14 at 3:15 PM. Employee Y indicated once more that he taught the classroom / book portion of the home health aide training program and the registered nurse did the competencies. 13. The Director of Clinical Services was interviewed again on 08/28/14 at 3:55 PM. The Director of Clinical Services indicated Employee Y managed the classroom portion of the home health training.			

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	14. Employee C indicated on 09/03/14 at 12:30 PM that home health aide paperwork would be laid out for her to review. Employee C indicated she did not know if any of the applicants were already certified nurse aides or certified home health aides. Employee C indicated she was not aware of the mandated classroom training. Employee C indicated she would quickly review the material and performed skills competency check off. 15. The Administrator indicated on 09/03/14 at 1:15 PM that she was not able to locate personnel record M in the office.			
G000205	484.36(a)(1) HHA TRAINING - CONTENT & DURATION The individual aide being trained must complete at least 16 hours of classroom training before beginning the supervised practical training. Based on personnel file review and interview, the agency failed to ensure the individual aide being trained completed at least 16 hours of classroom training before beginning the supervised practical training for 11 of 11 personnel files reviewed creating the potential to affect all patients who were receiving home	G000205	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons	09/30/2014

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	health aide services. (D, J, K, L, M, O, P, R, T, V, and X) Findings include: 1. Personnel record D date of hire 04/10/14 and first patient contact 04/22/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. There was not a skills competency check off in the personnel file. b. On the Home Health Aide Registry application, employee dated the application of completion 04/10/14. c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana Licensing Board identified employee D was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 2. Personnel record J date of hire 04/20/14 and first patient contact		Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be worked until this is completed and registry application filed with the State. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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	04/24/14, included a skills competency check off with a date of 04/19/14. Verification with the Indiana Licensing Board identified employee J was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 3. Personnel record K date of hire 11/26/13 and first patient contact 12/10/13. Verification with the Indiana Licensing Board identified employee K was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 4. Personnel record L date of hire 03/05/14 and first patient contact 03/08/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The written exam was not graded by the agency. b. On the Home Health Aide Registry application, the employee dated the application 04/10/14. c. The swearing of completion had a typed name of the former Director of			

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	Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana Licensing Board identified employee L was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 5. Personnel record M date of hire 06/29/14 and first patient contact 06/30/14. Verification with the Indiana Licensing Board identified employee M was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 6. Personnel record O date of hire 11/18/13 and first patient contact 11/19/13. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. b. The Home Health Aide Registry application indicated the employee date of hire was 11/08/13 with the Program Director's illegible signature dated 12/10/13.			

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	c. The former Director of Clinical Services checked off employee O on 10/23/13 for bodily functions (toileting), universal precautions, mobility, and personal care. On 02/23/14, employee O was checked off for Hoyer lift, hair / shampoo, skin fluid balances, environment services, and medication assistance. Vital signs was not checked off. c. The swearing of completion had a date of 12/10/13 with the Administrator signature dated on 11/26/13. d. Verification with the Indiana Licensing Board identified employee O was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 7. Personnel record P date of hire 06/20/14 and first patient contact 06/29/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was not completed and the written test was not graded by the agency. b. Employee F, a registered nurse,			

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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
	indicated on the Home Health Aide application "swearing of completion" section that employee P completed the competency evaluation program. The Administrator failed to evidence a signature of the completion of the competency evaluation program c. Verification with the Indiana Licensing Board identified employee P was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 8. Personnel record R date of hire 06/18/14 and first patient contact 06/20/14. a. The Home Health Aide Registry application form stated employee R date of hire was 05/20/14. b. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was dated 06/14/14. Employee R written exam indicated the employee missed 41 questions. The personnel record did not evidence a new exam. c. The "swearing of completion" had a typed name of the former Director of			

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	Clinical Services but the signature was that of the Administrator with a date of 02/19/14. d. Verification with the Indiana Licensing Board identified employee R was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 9. Personnel record T date of hire 10/01/11 and first patient contact 01/07/11. Verification with the Indiana Licensing Board identified employee T was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 10. Personnel record V date of hire 01/10/14 and first patient contact 01/14/14. a. The personnel file failed to evidence a skills competency check off and a written exam. b. Verification with the Indiana Licensing Board identified employee V was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care.			

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	11. Personnel record X date of hire 06/20/14 and first patient contact 06/23/14. a. The personnel file evidenced a written exam that was not graded. The skills competency check off was not signed by employee X. b. The Signature and Certification of the application failed to evidence the trainer's name in the "swearing of completion" section stating the employee completed the training program but there was a signature by employee F and the Administrator. Neither signatures evidenced a date. c. Verification with the Indiana Licensing Board identified employee X was not a certified nursing assistant. The personnel record failed to evidence that the employee completed an aide training program prior to providing patient care. 12. Employee Y was interviewed on 08/28/14 at 3:15 PM. Employee Y indicated once more that he taught the classroom / book portion of the home health aide training program and the registered nurse did the competencies. 13. The Director of Clinical Services			

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	was interviewed again on 08/28/14 at 3:55 PM. The Director of Clinical Services indicated Employee Y managed the classroom portion of the home health training. 14. Employee C indicated on 09/03/14 at 12:30 PM that home health aide paperwork would be laid out for her to review. Employee C indicated she did not know if any of the applicants were already certified nurse aides or certified home health aides. Employee C indicated she was not aware of the mandated classroom training. Employee C indicated she would quickly review the material and performed skills competency check off. 15. The Administrator indicated on 09/03/14 at 1:15 PM that she was not able to locate personnel record M in the office.			
G000206	484.36(a)(1) HHA TRAINING - CONTENT AND DURATION The home health aide must complete training in: - Communications skills. - Observation, reporting and documentation of patient status and the care or service			

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	furnished. - Reading and recording temperature, pulse, and respiration. - Basic infection control procedures. - Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. - Maintenance of a clean, safe, and healthy environment. - Recognizing emergencies and knowledge of emergency procedures. - The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property. Appropriate and safe techniques in personal hygiene and grooming that include- - - Bed bath. - Sponge, tub, or shower bath. - Shampoo, sink, tub, or bed. - Nail and skin care. - Oral hygiene. - Toileting and elimination. - Safe transfer techniques and ambulation. - Normal range of motion and positioning. - Adequate nutrition and fluid intake. Any other task that the HHA may choose to have the home health aide perform. "Supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse. Based on personnel file review and interview, the agency failed to ensure the	G000206	No further hires of HHA have been performed since the audit	09/30/2014

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	aide training program address each of the following subject areas through classroom and supervised practical training totaling at least 75 hours, with at least 16 hours devoted to supervised practical training: 484.36(a)(1) - (i) Communications skills. (ii) Observation, reporting and documentation of patient status and the care or service furnished. (iii) reading and recording temperature, pulse, and respiration. (iv) Basic infection control procedures. (v) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor. (vi) Maintenance of a clean, safe, and healthy environment. (vii) Recognizing emergencies and knowledge of emergency procedures. (viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA (home health agency), including the need for respect for the patient, his or her privacy and his or her property. (ix) Appropriate and safe techniques in personal hygiene and grooming that include -- (A) Bed bath. (B) Sponge, tub, or shower bath. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene. (F) Toileting and elimination. (x) Safe transfer techniques and ambulation. (xi) Normal range of motion and positioning. (xii) Adequate nutrition and fluid intake.		until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be worked until this is completed and registry application filed with the State. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between	

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	(xiii) Any other task that the HHA may choose to have the home health aide perform for 11 of 11 personnel records reviewed of aides who were to have completed the home health aide training program creating the potential to affect all patients who were receiving aide services within the agency. (D, J, K, L, M, O, P, R, T, V, and X) Findings include: 1. Personnel record D date of hire 04/10/14 and first patient contact 04/22/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. There was not a skills competency check off in the personnel file. b. On the Home Health Aide Registry application, employee dated the application of completion 04/10/14. c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana Licensing Board identified employee D		Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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	was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 2. Personnel record J date of hire 04/20/14 and first patient contact 04/24/14, included a skills competency check off with a date of 04/19/14. Verification with the Indiana Licensing Board identified employee J was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 3. Personnel record K date of hire 11/26/13 and first patient contact 12/10/13. Verification with the Indiana Licensing Board identified employee K was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 4. Personnel record L date of hire 03/05/14 and first patient contact 03/08/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The written exam was not graded by the agency.			

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b. On the Home Health Aide Registry application, the employee dated the application 04/10/14.

c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14.

d. Verification with the Indiana Licensing Board identified employee L was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care.

5. Personnel record M date of hire 06/29/14 and first patient contact 06/30/14. Verification with the Indiana Licensing Board identified employee M was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care.

6. Personnel record O date of hire 11/18/13 and first patient contact 11/19/13.

a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature.

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b. The Home Health Aide Registry application indicated the employee date of hire was 11/08/13 with the Program Director's illegible signature dated 12/10/13.

c. The former Director of Clinical Services checked off employee O on 10/23/13 for bodily functions (toileting), universal precautions, mobility, and personal care. On 02/23/14, employee O was checked off for Hoyer lift, hair / shampoo, skin fluid balances, environment services, and medication assistance. Vital signs was not checked off.

c. The swearing of completion had a date of 12/10/13 with the Administrator signature dated on 11/26/13.

d. Verification with the Indiana Licensing Board identified employee O was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care.

7. Personnel record P date of hire 06/20/14 and first patient contact 06/29/14.

a. The "Aide Scope of Practice"

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	instructor signature line failed to evidence a signature. The skills competency check off was not completed and the written test was not graded by the agency. b. Employee F, a registered nurse, indicated on the Home Health Aide application "swearing of completion" section that employee P completed the competency evaluation program. The Administrator failed to evidence a signature of the completion of the competency evaluation program c. Verification with the Indiana Licensing Board identified employee P was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 8. Personnel record R date of hire 06/18/14 and first patient contact 06/20/14. a. The Home Health Aide Registry application form stated employee R date of hire was 05/20/14. b. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was dated			

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	06/14/14. Employee R written exam indicated the employee missed 41 questions. The personnel record did not evidence a new exam. c. The "swearing of completion" had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date of 02/19/14. d. Verification with the Indiana Licensing Board identified employee R was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 9. Personnel record T date of hire 10/01/11 and first patient contact 01/07/11. Verification with the Indiana Licensing Board identified employee T was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 10. Personnel record V date of hire 01/10/14 and first patient contact 01/14/14. a. The personnel file failed to evidence a skills competency check off and a written exam.			

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b. Verification with the Indiana Licensing Board identified employee V was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care.

11. Personnel record X date of hire 06/20/14 and first patient contact 06/23/14.

a. The personnel file evidenced a written exam that was not graded. The skills competency check off was not signed by employee X.

b. The Signature and Certification of the application failed to evidence the trainer's name in the "swearing of completion" section stating the employee completed the training program but there was a signature by employee F and the Administrator. Neither signatures evidenced a date.

c. Verification with the Indiana Licensing Board identified employee X was not a certified nursing assistant. The personnel record failed to evidence that the employee completed an aide training program prior to providing patient care.

12. Employee Y was interviewed on

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	08/28/14 at 3:15 PM. Employee Y indicated once more that he taught the classroom / book portion of the home health aide training program and the registered nurse did the competencies. 13. The Director of Clinical Services was interviewed again on 08/28/14 at 3:55 PM. The Director of Clinical Services indicated Employee Y managed the classroom portion of the home health training. 14. Employee C indicated on 09/03/14 at 12:30 PM that home health aide paperwork would be laid out for her to review. Employee C indicated she did not know if any of the applicants were already certified nurse aides or certified home health aides. Employee C indicated she was not aware of the mandated classroom training. Employee C indicated she would quickly review the material and performed skills competency check off. 15. The Administrator indicated on 09/03/14 at 1:15 PM that she was not able to locate personnel record M in the office.			
G000208	484.36(a)(2)			

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	HHA TRAINING - CONDUCT The training of home health aides and the supervision of home health aides during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years nursing experience, at least 1 year of which must be in the the provision of home health care. Based on personnel record review and interview, the agency failed to ensure the training of home health aides and the supervision of home health aides during the supervised practical portion of the training was performed by a Registered Nurse creating the potential to affect all patients who received home health aide services. Findings include: 1. During an entrance conference on 08/26/14 at 10:00 AM, the Director of Clinical Services and the Employee Y, human resource / scheduler (home health aide), indicated the agency had a training program for home health aides. The Director of Clinical Services and Employee Y indicated Employee Y provided the classroom training for the home health aides. 2. On 08/26/14 at 2:00 PM, Employee Y provided the "Reliant at Home" training program. The file contained the:	G000208	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be worked until this is completed and registry application filed with the State. a. "Initial Competency Assessment Skills Checklist" for home health aides." This will be performed prior to attendance of HHA training by the contractor b. "Certified Home Health Aide" job description This will be performed prior to attendance of HHA training by the contractor c. "Certified Home Health /	09/30/2014

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	a. "Initial Competency Assessment Skills Checklist" for home health aides." b. "Certified Home Health Aide" job description c. "Certified Home Health / Hospice Aide Check List." d. "Aide Scope of Practice." e. "OSHA Inservice. 3. Employee Y was interviewed again on 08/28/14 at 3:15 PM. Employee Y indicated once more that he taught the classroom / book portion of the home health aide training and the registered nurse did the competencies. 4. The Director of Clinical Services was interviewed again on 08/28/14 at 3:55 PM. The Director of Clinical Services concurred that Employee Y managed the classroom portion of the home health training. 5. Employee C indicated on 09/03/14 at 12:30 PM that home health aide paperwork would be laid out for her to review. Employee C indicated she did not know if any of the applicants were already certified nurse aides or certified home health aides. Employee C		Hospice Aide Check List." This will be performed by the contractor d. "Aide Scope of Practice." This will be performed by the contractor e. "OSHA Inservice. This will be performed prior to attendance of HHA training by the contractor Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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	indicated she was not aware of the mandated classroom training that she quickly reviewed material and performed skills check off.			
G000210	484.36(a)(3) HHA TRAINING - DOCUMENTATION The HHA must maintain sufficient documentation to demonstrate that the requirements of this standard are met. Based personnel file and policy review and interview, the agency failed to ensure home health aide competency documentation was maintained in the personnel record for 7 of 21 home health aides who are providing care creating the potential to affect all patients receiving home health aide services within the agency. (D, J, M, P, S, U, V and W) Findings include: 1. Personnel record D date of hire 04/10/14 and first patient contact 04/22/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. There was not a	G000210	Hire Date within the system was found to be incorrect. Employee performing HR function was entering the application date instead of the hire date in the file. Thus in a lot of situation it was found that the training and checkoff was actually performed prior to the first date the employee worked. Request review of this situation during return survey. The employee interviewed in this citation has been released from the company. He was never authorized to perform this function, and the Clinical Director was involved in the training of the aides. Current clinical Director was noted during his recent review after survey of lack of over site of this employee, and lack of knowledge of what functions he was performing. Review can be seen upon return	09/30/2014

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	skills competency check off in the personnel file. b. On the Home Health Aide Registry application, employee dated the application of completion 04/10/14. c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana Licensing Board identified employee D was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 2. Personnel record J date of hire 04/20/14 and first patient contact 04/24/14, included a skills competency check off with a date of 04/19/14. Verification with the Indiana Licensing Board identified employee J was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 3. Personnel record K date of hire 11/26/13 and first patient contact		audit. Use of the Administrators signature was never approved. Evidence after removal of the employee was use of a scanned document with a stored date of February was being used for HHA registry application. Also found multiple documents which were never submitted in the employees office. 100% of 41 employee files were audited by 9/27/14. All missing applications have been filed, and all HHA are now registered at the State level. New HR packet for hiring includes completion of the HHA registry prior to first day of work. Submission of the documentation after check off by new contract nurses is the responsibility of the Clinical Director. Contracts in place for check off's and HHA training effective 10/1/14. The Director of Clinical services will be responsible for scheduling appointments and ensuring all necessary documentation is completed prior to first day on work to ensure this deficiency does not reoccur.	

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	12/10/13. Verification with the Indiana Licensing Board identified employee K was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 4. Personnel record L date of hire 03/05/14 and first patient contact 03/08/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The written exam was not graded by the agency. b. On the Home Health Aide Registry application, the employee dated the application 04/10/14. c. The swearing of completion had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date 02/19/14. d. Verification with the Indiana Licensing Board identified employee L was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 5. Personnel record M date of hire			

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	06/29/14 and first patient contact 06/30/14. Verification with the Indiana Licensing Board identified employee M was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 6. Personnel record O date of hire 11/18/13 and first patient contact 11/19/13. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. b. The Home Health Aide Registry application indicated the employee date of hire was 11/08/13 with the Program Director's illegible signature dated 12/10/13. c. The former Director of Clinical Services checked off employee O on 10/23/13 for bodily functions (toileting), universal precautions, mobility, and personal care. On 02/23/14, employee O was checked off for Hoyer lift, hair / shampoo, skin fluid balances, environment services, and medication assistance. Vital signs was not checked off. c. The swearing of completion had a			

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	date of 12/10/13 with the Administrator signature dated on 11/26/13. d. Verification with the Indiana Licensing Board identified employee O was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 7. Personnel record P date of hire 06/20/14 and first patient contact 06/29/14. a. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was not completed and the written test was not graded by the agency. b. Employee F, a registered nurse, indicated on the Home Health Aide application "swearing of completion" section that employee P completed the competency evaluation program. The Administrator failed to evidence a signature of the completion of the competency evaluation program c. Verification with the Indiana Licensing Board identified employee P was not a certified nursing assistant. The personnel record failed to evidence the			

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	employee completed an aide training program prior to providing patient care. 8. Personnel record R date of hire 06/18/14 and first patient contact 06/20/14. a. The Home Health Aide Registry application form stated employee R date of hire was 05/20/14. b. The "Aide Scope of Practice" instructor signature line failed to evidence a signature. The skills competency check off was dated 06/14/14. Employee R written exam indicated the employee missed 41 questions. The personnel record did not evidence a new exam. c. The "swearing of completion" had a typed name of the former Director of Clinical Services but the signature was that of the Administrator with a date of 02/19/14. d. Verification with the Indiana Licensing Board identified employee R was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 9. Personnel record T date of hire			

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	10/01/11 and first patient contact 01/07/11. Verification with the Indiana Licensing Board identified employee T was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 10. Personnel record V date of hire 01/10/14 and first patient contact 01/14/14. a. The personnel file failed to evidence a skills competency check off and a written exam. b. Verification with the Indiana Licensing Board identified employee V was not a certified nursing assistant. The personnel record failed to evidence the employee completed an aide training program prior to providing patient care. 11. Personnel record X date of hire 06/20/14 and first patient contact 06/23/14. a. The personnel file evidenced a written exam that was not graded. The skills competency check off was not signed by employee X. b. The Signature and Certification of the application failed to evidence the			

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	trainer's name in the "swearing of completion" section stating the employee completed the training program but there was a signature by employee F and the Administrator. Neither signatures evidenced a date. c. Verification with the Indiana Licensing Board identified employee X was not a certified nursing assistant. The personnel record failed to evidence that the employee completed an aide training program prior to providing patient care. 12. Employee Y was interviewed on 08/28/14 at 3:15 PM. Employee Y indicated once more that he taught the classroom / book portion of the home health aide training program and the registered nurse did the competencies. 13. The Director of Clinical Services was interviewed again on 08/28/14 at 3:55 PM. The Director of Clinical Services indicated Employee Y managed the classroom portion of the home health training. 14. Employee C indicated on 09/03/14 at 12:30 PM that home health aide paperwork would be laid out for her to review. Employee C indicated she did not know if any of the applicants were already certified nurse aides or certified			

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	home health aides. Employee C indicated she was not aware of the mandated classroom training. Employee C indicated she would quickly review the material and performed skills competency check off. 15. The Administrator indicated on 09/03/14 at 1:15 PM that she was not able to locate personnel record M in the office.			
G000211	484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph. Based on personnel record review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include:	G000211	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First	09/30/2014

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	1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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G000212	484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section. Based on personnel file review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program before the aide provided care for 4 of 21 aide files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include: 1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills	G000212	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington.	09/30/2014

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	competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	
G000213	484.36(b)(2)(i) COMPETENCY EVALUATION & IN-SERVICE TRAI The competency evaluation must address each of the subjects listed in paragraphs (a)(1)(ii) through (xiii) of this section. Based on personnel record review and interview, the agency failed to ensure the home health aide successfully completed	G000213	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two	09/30/2014

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	a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include: 1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health		locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be	

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	aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	
G000217	484.36(b)(3)(ii) COMPETENCY EVALUATION & IN-SERVICE TRAI The competency evaluation must be performed by a registered nurse. The in-service training generally must be supervised by a registered nurse who possesses a minimum of 2 years of nursing experience at least 1 year of which must be in the provision of home health care. Based on personnel record review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program performed by a registered nurse for 4 of 21 aide files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include:	G000217	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for	09/30/2014

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	1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. the Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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G000218	484.36(b)(3)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAI The subject areas listed at paragraphs (a)(1)(iii), (ix), (x), and (xi) of this section must be evaluated after observation of the aides performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient. Based on personnel record review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program that included evaluation of the performance of tasks at paragraphs (a)(1)(iii), (ix), (x), and (xi) of this section with a patient for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include: 1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first	G000218	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville,	09/30/2014

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	patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	
G000221	484.36(b)(5) COMPETENCY EVALUATION & IN-SERVICE TRAI The HHA must maintain documentation which demonstrates that the requirements of this standard are met. Based on personnel record review and	G000221	No further hires of HHA have	09/30/2014

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	interview, the agency failed to ensure documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include: 1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health		been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and	

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	aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	
G000235	484.48 CLINICAL RECORDS Based on clinical record review and interview, it was determined the agency failed to ensure clinical records were not altered and contained accurate information for 1 of 8 records reviewed creating the potential to affect all current 93 patients receiving services (See G 236). The cumulative effect of these systemic problems resulted in the agency being out of compliance with the Condition of Participation 484.48: Clinical Records.	G000235	During survey noted that a paper record had been altered by date to ensure compliance. Our clinical records are now 100% electronic in our clinical personnel, and will be converting our Home Health Aides over the next 60 days to electronic documentaiton as well. Due to time/date stamping and signature approval, any attempt to alter this document is now not possible. QA of all documents completed by RN/ HHA/ PT/OT is by the Clinical Director.	09/27/2014

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G000236	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 summary. Based on clinical record review and interview, the agency failed to ensure clinical records were not altered and contained accurate information for 1 of 8 records reviewed (# 5) creating the potential to affect all current 93 patients receiving services. Findings include: 1. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 with orders for skilled nursing 1 time a week for 9 weeks. 2. The clinical record evidence a skilled nursing visit note dated 06/10/14 with a time of 11:08 AM to 11:41 AM. The patient's vital signs at the time were blood pressure 152/82, temperature 96.9,	G000236	Meeting was held on 9/25/14 with clinical staff. It was a instructional program on use of new software. The staff member involved in the alteration is no longer with the company in an administrative role. This was done by our previous Clinical Director who left her position in May of 2014. The document that was altered was also paper vs electronic format in which we now use. We will no longer being any paper form of documentation after 9/1/14. During the meeting on 9/25/14 we discussed the lock procedure of the documentation with employee signature. Once the employee signs the document it is sent to the QA folder for Clinical Director review. The employee once the document is signed cannot change or alter the document unless opened again by the Clinical Director. The Clinical Director is also unable to adjust the document produced by a	09/30/2014

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	radial pulse 61, and respirations 18. 3. Review of a recertification reassessment was found to have an original date of 06/24/14. Page 1 of the reassessment had a date of 06/24/14 with a time entered of 10:30 A.M. and the last page of the reassessment had a patient and skilled nurse signature with a date of 06/24/14. The dates on the first page and last page was found to be crossed out and 06/10/14 was entered above the 06/24/14 date. The patient's vital signs at the time were blood pressure 169/94, temperature 98.9, apical heart rate of 57, and respirations 20. 4. The Administrator indicated on 09/03/14 at 1:30 PM that the documentation had been altered to reflect that the reassessment had been completed within the 5 day time frame for reassessment / recertification.		employee in the field. Thus adjustment sited during the QA require the Clinical Director to forward the document back to the employee for any correction. Once the correction is completed they again sign, and the employee cannot adjust the document at that time. Online tutorials through Axxess has a Clinical Section under Questions/Answers. I queried under "Can a case manager or QA nurse sign documents completed by another clinician." Answer: A nurse is never allowed to sign another nurse's work. The documentation must be signed by the original author of the documentation	
G000321	484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set. Based on Indiana State Department of Health (ISDH) document review, agency policy review, and interview, the agency	G000321	During the survey the issue was related to the old computer system. The system had a lock	10/09/2014

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	failed to ensure OASIS data had been transmitted to the state agency within 30 days of the after the assessment was completed in 8 of 8 records reviewed of patients whose OASIS data should have been transmitted creating the potential to affect all of the agency's patients whose OASIS data is required to be transmitted. (5, 9, 10, 11, 12, 13, and 14) Findings include: 1. An ISDH document dated 08/26/14 evidenced a recertification assessment had been completed on 06/10/14 for patient number 5. The document evidenced the OASIS data had not been transmitted until 07/18/14. 2. An ISDH document dated 08/26/14 evidenced a start of care assessment had been completed on 05/31/14 for patient number 9. The document evidenced the OASIS data had not been transmitted until 08/07/14. The document evidenced a death at home assessment had been completed on 06/25/14 and had not been transmitted until 08/07/14. The document evidenced a discharge assessment had been completed on 06/25/14 and had not been transmitted until 08/07/14. 3. An ISDH document dated 08/26/14		mechanism for export was auto activated when the documentation was submitted electronically. We had clinicians that were electronic and others on paper. The OASIS had to be hand entered in our paper charters. The previous Clinical Director was not locking the OASIS documents to be exported. It was caught in June and rectified at that time. Since the audit we have had further delays in OASIS submission due to the conversion to a new system at the same time in which CMS acknowledged our Medicare certification and issued us a new M0016 for Noblesville of P and Bloomington of 15Q7632001. The letter from CMS gave wrong information stating the Noblesville was Q instead of P. Then there was a delay in the state of activation of the account, which was not rectifiable by Joyce Elder leading me to seek help through the State IT department. The problem has been rectified effective 10/3/14 through our old clinical documentation system, but is still in the process of being rectified in the Axxess version of our clinical documentation. The IT department of Axxess is programming, and should be rectified by no later than 10/07/14. This will get us caught up on OASIS submission, and should see no further late entries after this point. OASIS transmission of data is the responsibility of the	

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	evidenced a start of care assessment had been completed on 05/09/14 for patient number 10. The document evidenced the OASIS data had not been transmitted until 07/18/14. 4. An ISDH document dated 08/26/14 evidenced a start of care assessment had been completed on 04/16/14 for patient number 11. The document evidenced the OASIS data had not been transmitted until 06/30/14. 5. An ISDH document dated 08/26/14 evidenced a discharge assessment had been completed on 06/27/14 for patient number 12. The document evidenced the OASIS data had not been transmitted until 08/13/14. 6. An ISDH document dated 08/26/14 evidenced a start of care assessment had been completed on 03/18/14 for patient number 13. The document evidenced the OASIS data had not been transmitted until 08/07/14. 7. An ISDH document dated 08/26/14 evidenced a start of care assessment had been completed on 02/01/14 for patient number 14. The document evidenced the OASIS data had not been transmitted until 08/13/14.		Adminsitrator. Current Axxess system is a single database vs a dual, and the prior problem of hand entry and lack of lock will not be repeating. OASIS transmission will be routinely done on a weekly basis. Reports available within Axxess to ensure that all OASIS documents are sent within the 30 day time frame.	

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	8. An ISDH document dated 08/26/14 evidenced a discharge assessment had been completed on 02/04/14 for patient number 15. The document evidenced the OASIS data had not been transmitted until 04/06/14. 9. An policy titled "OASIS Data Transmission" dated 01/15/14 stated, "The organization will adhere to all OASIS data transmission requirements as outlined in the Medicare Conditions of Participation, Reporting of OASIS Information 42 CFR 484.20. The organization will encode and transmit completed OASIS data for each applicable patient within thirty (30) days of completing the appropriate OASIS data set ... " 10. The Administrator indicated on 08/27/14 at 1:00 PM that she was aware of the tardiness of the OASIS submissions and was currently working with a new company to rectify the problem.			
G000334	484.55(b)(1) COMPLETION OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no			

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	later than 5 calendar days after the start of care. Based on clinical record and policy review and interview, the agency failed to ensure the comprehensive assessment was complete and accurate and identified the patient's needs for 3 of 8 records reviewed resulting in the potential to affect all current 9 patients receiving services within the agency. (#1, 2, and 3) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14 with orders for skilled nursing 1 time a week for 1 week then 2 times a week for 8 weeks. The admitting diagnoses on the plan of care were chronic obstructive pulmonary disease, pneumonia, uncontrolled diabetes, and congestive heart failure. The admitting comprehensive assessment dated was completed on 07/19/14. a. During a home visit on 08/27/14 at 9:00 AM, the patient's home had an overwhelming odor of urine. The comprehensive assessment M1018 stated the patient had urinary incontinence. M1610 stated the patient was incontinent. The plan of care stated the patient had	G000334	The old system did not have a "scrubber component" to isolate the irregularity in an assessment completion vs OASIS/comprehensive assessment. Our new system implemented on 9/1/14 does have these components and will throw an error message for example if the clinician states the patient is oriented, and later documents that the patient was confused. The clinician and the clinical director are responsible for completion of this "scrubber" and repairing any inconsistencies. Repeat of this type of charting should not be possible. Inservice with clinical staff after audit was completed also included these items of concern. Documentation accuracy is the responsibility of the Clinical Director. Upon submission of ALL notes including SOC, revisits, Recerts Etc. They fall into a QA file to be reviewed by the Clinical Director prior to final approval. Between the "scrubber" function of the system and the QA function completed by the Clinical Director, these discrepancies should be caught ensuring that the nursing assessments are completed accurately and completely.	09/15/2014

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	bowel / bladder incontinence. The Genitourinary assessment section of the comprehensive assessment failed to evidence the patient had urinary incontinence. b. The comprehensive assessment stated the patient was a diabetic, never checked his / her blood sugar, had swelling or an abnormal foot shape, and an inability to see the bottom of his / her feet. The comprehensive assessment failed to evidence a diabetic foot exam was completed by the admitting nurse. c. M1016 stated the patient had pneumonia within 14 days prior to admission with the agency. M1400 stated the patient had orthopnea, dyspnea/shortness of breath, chronic obstructive asthma, and was on 2 liters of oxygen by nasal cannula. The Cardiac and Circulatory section failed to identify the patient had symptoms of dyspnea and edema and the action that was taken and the clinical record failed to evidence a pulse oximetry assessment was completed upon admission. d. The Neurological assessment stated the patient was orientated to person, place, time, date, and situation. The plan of care stated the patient was alert and oriented but forgetful. The			

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	comprehensive assessment failed to identify the patient was forgetful. 2. Clinical record number 2 failed to identify fall risk assessment, Activities of daily living, and dementia on comprehensive initial assessment. 3. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. The comprehensive assessment also failed to provide a detail description of the surgical wound such as if the incision was glued, sutured, stapled, etc. 4. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 09/02/14 at 1:30 PM. 5. A policy titled "Initial and Comprehensive Assessment" dated 01/14/15 stated, "A comprehensive patient assessment will be completed			

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	within five (5) calendar days of the patient's start of care. The assessment will be patient - specific and comprehensive to include the patient's need for homecare, rehabilitative care ... "			
G000337	484.55(c) DRUG REGIMEN REVIEW The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. Based on clinical record and policy review and interview, the agency failed to ensure the medication profile had been updated upon receiving physician orders for 1 of 8 records reviewed creating the potential to affect all current 93 patients receiving services. (# 5) Findings include: 1. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 and 08/13/14 to 10/11/14 with orders for skilled nursing 1 time a week for 9 weeks. a. A physicians order dated 05/29/14	G000337	Reminder to the clinical team of the need to move any new medications to the POC on the next certification period was also inserviced to the staff via E-mail and during routine staff meeting within one week of survey exit. This was already a indicator on the PI tool, but will be continued to be audited through the 2014 and 2015 PI period. 10% of all clinical records will be audited quarterly for evidence that medication changes are moved to the recertification. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Since the item was a previous indicator will need to add to the PI plan a more detailed review of all audited charts comparing to	10/01/2014

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	ordered warfarin 2.5 mg (milligrams) to be given every Friday and 3.75 mg to be given all other days of the week. The medication profile failed to evidence the change in warfarin dose. b. A physician order dated 07/18/14 ordered warfarin 2.5 mg to be given every Tuesday / Saturday and 3.75 mg to be given all other days of the week. The medication profile failed to evidence the change in warfarin dose. c. A physician order dated 07/29/14 ordered Cathflo Activase 2 mg vial to be diluted with sterile water to unclog the patient's implanted port as needed. The medication profile failed to evidence the Cathflo Activase 2 mg vial. 2. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 09/02/14 at 1:30 PM. 3. A policy titled "Medication Profile" dated 01/15/14 stated, "Medication profiles will be updated for each change to reflect current medications, new, and / or discontinued ... A drug regimen review will be performed ... when updates to the comprehensive assessments are performed ... and with the addition of a new medications ... "		orders since recertification to make sure that any medication changes are put on the POC. The Clinical Director will be also looking for these needed changes during recertification if warranted in the QA process.	

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N000000	This was a State home health relicensure survey. Survey date: 08/26, 08/27, 08/29, 09/02, and 09/03/14. Facility: 012546 Medicaid Vendor: 201027880 Surveyor: Shannon Pietraszewski, RN, PHNS Census: 93 Quality Review: Joyce Elder, MSN, BSN, RN September 29, 2014	N000000		
N000446	410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3) Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. Based on policy and personnel file review and interview, the agency failed to	N000446	Employee files are now 100% electronic. During survey the files were paper. They have all been	09/27/2014

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	ensure personnel policies were followed related to annual performance evaluations in 4 of 25 personnel files reviewed creating the potential to affect all 93 patients who were receiving care within the agency. (F, G, N, and S) Findings include: 1. A policy titled "Personnel Record Contents" dated 01/15/14 stated, "Reliant at Home LTD will maintain current and complete personnel files on all personnel. ... Performance evaluations [probationary and annual] ... 2. The content of a separate file, which includes health information will contain ... C. TB Mantoux test documentation. D. Physician's statement of health ... " 2. A policy titled "Performance Evaluations" dated 01/15/14 stated, "Performance evaluations will be completed [and dated] on all personnel as follows: A. Annually, based on personnel's annual evaluation date ... ." 3. Personnel record F, a home health aide, date of hire 07/08/13, failed to evidence an annual evaluation for 2014. 4. Personnel record G, a home health aide, date of hire 08/30/13, failed to evidence an annual evaluation for 2014.		scanned and uploaded into our database Axxess. Report will be generated on a monthly basis to ensure no further reviews will be missed in the future. Audit of all 41 files was completed by 9/27/14 and found to have 7 out of 41 files deficient in annual performance reviews. 4 reviews will be performed by the Clinical Director, and 3 will be performed by the Administrator by no later then 10/17/14. Delays beyond 30 day requirements are related to scheduling of reviews around employee scheduled hours. Any late reviews in which salary increases are warranted will be retro paid. Monthly a report will be generated to ensure that reviews are done within 30 days of due date in the future. Clinical Director will be responsible for all ongoing audits monthly and performance of annual reviews. He is responsible for monitoring this corrective actions to ensure that this deficiency is corrected and will not reoccur.	

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	5. Personnel record N, a home health aide, date of hire 05/03/12, failed to evidence an annual evaluation for 2014. 6. Personnel record S, a home health aide, date of hire 07/29/13, failed to evidence an annual evaluation for 2014. 7. The Administrator and / or Director of Clinical Services was unable to provide further documentation when requested on 09/01/14 at 4:00 PM. 8. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."			
N000458	410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2.			

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	(4) A copy of current license, certification, or registration. (5) Annual performance evaluations. Based on policy and personnel file review and interview, the agency failed to ensure personnel policies were followed related to obtaining a limited criminal history for 12 of 25 personnel records reviewed (A, D, F, M, O, P, R, S, T, U, V and X), annual performance evaluations for 4 of 25 personnel records reviewed (F, G, N, and S), reference checks for 4 of 25 records reviewed (M, O, U, and V), and certifications for 8 of 25 personnel records reviewed (D, J, M, P, S, U, V, and W) creating the potential to affect all 93 patients who were receiving services within the agency. Findings include: 1. A policy titled "Home Health Human Resources" dated 01/15/14 stated, "Prior to hire, the organization will secure multiple reference checks, health reports as required by the state or policy, criminal record checks where required by law, and proof of citizenship or documentation of resident status...Clinical personnel will maintain active licensure or certification. Certification of current licensure or certification will be filed in the personnel record ... "	N000458	Employee files are now 100% electronic. During survey the files were paper. They have all been scanned and uploaded into our database Axxess. Report will be generated on a monthly basis to ensure no further reviews will be missed in the future. All 41 files were audited by 9/27/14 and any missing criminal background checks were gathered via the Indiana State Police website with immediate response and incorporation into the electronic personnel file. HR hire packets and application packets were created with a new audit form showing requirements on application and completion of these items prior to hire. Criminal background was included in this application process. Other items required prior to ongoing hire includes: Application, completion of two references, OIG check, Criminal Background check and production of physical and TB. Once these items are received orientation can be performed with hire date being the date all documentation is completed and scanned into our new database Axxess. New protocol established that no employee will be worked until all documentation is submitted and scanned. Error in entry of Hire date noted during audit. In several situations the employee involved in collection of	09/27/2014

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	2. A policy titled "Personnel Record Contents" dated 01/15/14 stated, "[Name of Agency] will maintain current and complete personnel files on all personnel ... New Hire Documents ... E. References [2] ... J ... Orientation check list ... K. Initial competency assessments. O. Criminal background check, if applicable ... General Documents ... C. Verified professional licensure or certification ... Performance Evaluations / Counseling Documents A. Performance evaluations [probationary and annual] ... 2. The content of a separate file, which includes health information will contain ... C. TB Mantoux test documentation. D. Physician's statement of health ... " Related to Reference Checks 3. Personnel file M, a home health aide,date of hire 06/29/14, failed to evidence completed multiple reference checks prior to date of hire. 4. Personnel file O, a home health aide, date of hire 11/18/13, failed to evidence completed multiple reference checks prior to date of hire. 5. Personnel file U, a home health aide, date of hire 06/20/14, failed to evidence completed multiple reference checks		this information was entering the application date instead of the "Hire Date". Date of first worked hours. Review shows that on numerous occasions documentation was submitted prior to first work day, but date entered conflicted. Database has been corrected to reflect actual hire date, vs application date. TB and Physical Form have been developed and will be given to the potential hire on application which includes the date and time of the TB administration and read as well as copy of the Annual TB risk assessment. Missing personnel files have been recreated and are now available for review during return survey. Audit form to be placed in each file with notation of missing documentation/lost documentation found during audit and recreated in the event of date discrepancies. Responsibility for ongoing compliance is the Clinical Director in Noblesville, and the Administrator at the Bloomington location to ensure the situation will not reoccur.	

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	prior to date of hire. 6. Personnel file V, a home health aide, date of hire 01/10/14, failed to evidence completed multiple reference checks prior to date of hire. 7. The Administrator indicated on 09/02/14 at 10:35 AM that the employees did have a reference check and provided an altered / completed form. Surveyor provided the Administrator with copies of the incomplete forms that were copied from the previous day. The Administrator indicated she forgot to fill out the forms and admitted to filling out the forms on 09/01/14. Related to Criminal Background Checks 8. A policy titled "Selection / Hiring of Personnel" dated 01/15/14 stated, " A criminal background check will be obtained for positions as required by laws and regulation ... " 9. Personnel file A, an occupational therapist, date of hire 01/06/12, failed to evidence a criminal background check within 3 days of hire. 10. Personnel file D, a home health aide, date of hire 04/10/14, failed to evidence a criminal background check within 3 days			

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	of hire. 11. Personnel file F, a home health aide, date of hire 07/08/13, failed to evidence a criminal background check within 3 days of hire. 12. Personnel file M, a home health aide, date of hire 06/29/14, failed to evidence a criminal background check within 3 days of hire. 13. Personnel file O, a home health aide, date of hire 11/18/13, failed to evidence a criminal background check within 3 days of hire. 14. Personnel file P, a home health aide, date of hire 06/20/14, failed to evidence a criminal background check within 3 days of hire. 15. Personnel file R, a home health aide, date of hire 06/18/14, failed to evidence a criminal background check within 3 days of hire. 16. Personnel file S, a home health aide, date of hire 07/29/14, failed to evidence a criminal background check within 3 days of hire. 17. Personnel file T, a home health aide, date of hire 10/01/11, failed to evidence a			

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	criminal background check within 3 days of hire. 18. Personnel file U, a home health aide, date of hire 06/20/14, failed to evidence a criminal background check within 3 days of hire. 19. Personnel file V, a home health aide, date of hire 01/10/14, failed to evidence a criminal background check within 3 days of hire. 20. Personnel file X, a home health aide, date of hire 06/20/14, failed to evidence a criminal background check within 3 days of hire. 21. The Administrator indicated on 09/02/14 at 10:35 AM that she was unaware of the need to obtain a limited criminal history within 3 days of hire. Related to Annual Performance Evaluations 22. A policy titled "Performance Evaluations" dated 01/15/14 stated, "Performance evaluations will be completed [and dated] on all personnel as follows: A. Annually, based on personnel's annual evaluation date ... " 23. Personnel record F, a home health			

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	aide, date of hire 07/08/13, failed to evidence an annual evaluation for 2014. 24. Personnel record G, a home health aide, date of hire 08/30/13, failed to evidence an annual evaluation for 2014. 25. Personnel record N, a home health aide, date of hire 05/03/12, failed to evidence an annual evaluation for 2014. 26. Personnel record S, a home health aide, date of hire 07/29/13, failed to evidence an annual evaluation for 2014. 27. The Administrator and / or Director of Clinical Services was unable to provide further documentation when requested on 09/01/14 at 4:00 PM. Under Licensure / Certification / Registration 28. A policy titled " Licensure / Certification / Registration" dated 01/15/14 stated, "Personnel must maintain and show proof of licensure, certification, and / or registration as appropriate. 2. Personnel must comply with requirements to maintain such licensure, certification, and / or registration in accordance with applicable state law and regulation. 3. A current copy or other proof of licensure,			

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	certification, and / or registration will be kept in the personnel file ... " 29. Personnel record D, a home health aide, date of hire 04/10/14 and first patient contact 04/22/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 30. Personnel record J, a home health aide, date of hire 04/20/14 and first patient contact 04/24/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 31. Personnel record M, a home health aide, date of hire 06/29/14 and first patient contact 06/30/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 32. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care.			

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	33. Personnel record S, a home health aide, date of hire 07/29/14 and first patient contact 08/02/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 34. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 35. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 36. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 37. The Administrator indicated on 09/03/14 at 1:15 PM she was not able to			

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	locate personnel record M in the office. The Administrator was not able to provide any further documentation upon request.			
N000462	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 policy and personnel file review and interview, the agency failed to ensure personnel policies were followed related to physicals for 10 of 25 personnel records reviewed (D, M, O, P, R, S, U, V, W, and X) creating the potential to affect all 93 patients who were receiving services within the	N000462	All 41 files were audited by 9/27/14 and any Physicals were requested from employee immediately if missing or incomplete at that time. HR hire packets and application packets were created with a new audit form showing requirements on application and completion of these items prior to hire. Copy	09/27/2014

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	agency. Findings include: 1. A policy titled "Home Health Human Resources" dated 01/15/14 stated, "Prior to hire, the organization will secure ... health reports as required by the state or policy ... " 2. A policy titled "Personnel Record Contents" dated 01/15/14 stated, "Reliant at Home will maintain current and complete personnel files on all personnel ... 2. The content of a separate file, which includes health information will contain ... D. Physician's statement of health ... " 3. Personnel file D, a home health aide, date of hire 04/10/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 4. Personnel file M, a home health aide, date of hire 06/29/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 5. Personnel file O, a home health aide, date of hire 11/18/13, failed to evidence a physical exam or a physician's statement		physical and TB is required prior to orientation. Once received orientation can be performed with hire date being the date all documentation is completed and scanned into our new database Axxess. New protocol established that no employee will be worked until all documentation is submitted and scanned. New Physical Form have been developed and will be given to the potential hire on application. Responsibility for ongoing compliance is the Clinical Director in Noblesville, and the Administrator at the Bloomington location to ensure the situation will not reoccur.	

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	of health within 180 days of first patient contact. 6. Personnel file P, a home health aide, date of hire 06/20/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 7. Personnel file R, a home health aide, date of hire 06/18/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 8. Personnel file S, a home health aide, date of hire 07/29/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 9. Personnel file U, a home health aide, date of hire 06/20/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 10. Personnel file V, a home health aide, date of hire 01/10/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact.			

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	11. Personnel file W, a home health aide, date of hire 01/17/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 12. Personnel file X, a home health aide, date of hire 06/20/14, failed to evidence a physical exam or a physician's statement of health within 180 days of first patient contact. 13. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."			
N000464	410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test			

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	has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii)completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest rediograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.			
	Based on policy and personnel file review and interview, the agency failed to	N000464	Employee files are now 100% electronic. During survey the files were paper. They have all been	09/27/2014

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	ensure personnel policies were followed related to tuberculosis screening for 11 of 25 personnel files reviewed creating the potential to affect all 93 patients who were receiving care within the agency. (C, J, K, M, O, P, Q, S, T, W, and X) Findings include: 1. A policy titled "Home Health Human Resources" dated 01/15/14 stated, "Prior to hire, the organization will secure ... health reports as required by the state or policy ... " 2. A policy titled "Personnel Record Contents" dated 01/15/14 stated, "Reliant at Home will maintain current and complete personnel files on all personnel ... 2. The content of a separate file, which includes health information will contain ... C. TB Mantoux test documentation." 3. A policy titled "Selection / Hiring of Personnel" dated 01/15/14 stated, "Health Requirements. 1. Personnel with Patient Contact: All new personnel who will be in contact with patients and rehires who have not been employed or re-employed. In addition, personnel must have Mantoux test or show evidence that there		scanned and uploaded into our database Axxess. Report will be generated on a monthly basis to ensure no further reviews will be missed in the future. All 41 files were audited by 9/27/14 HR hire packets and application packets were created with a new audit form showing requirements on application and completion of these items prior to hire. These items include physical and TB and TB assessment tool. Once these items are received orientation can be performed with hire date being the date all documentation is completed and scanned into our new database Axxess. New protocol established that no employee will be worked until all documentation is submitted and scanned. TB and Physical Form have been developed and will be given to the potential hire on application which includes the date and time of the TB administration and read as well as copy of the Annual TB risk assessment. Employee notified of any missing or incorrect physical statements after the 9/27/14 audit completion. All documents will be on file prior to 10/09/2014 due to employee scheduling with following MD. Responsibility for ongoing compliance is the Clinical Director in Noblesville, and the Administrator at the Bloomington location to ensure the situation will not reoccur.	

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	is no active Tuberculosis in the past 12 months ... prior to providing care. Each year, personnel with patient contact must have a Mantoux test or Tuberculosis screen. Documentation of these tests will be maintained in the personnel health file ..." 4. Personnel file C, a registered nurse, date of hire 05/04/12, evidenced a Mantoux skin test form which indicated a skin test was administered on 07/29/13 and the results was read on 07/31/13. The times of administration and reading of results were not documented on the form. Mantoux skin test for 2014 was administered on 03/18/14 and the results was read on 03/20/14. The times of administration and reading of results were not documented on the form. 5. Personnel file J, a home health aide, date of hire 04/20/13, evidenced a Mantoux skin test form which indicated a skin test was administered on 01/10/14 and the results was read on 01/13/14. The times of administration and reading of results were not documented on the form.			

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	6. Personnel file K, a home health aide, date of hire 11/26/12, evidenced an Immunization record from a medical group stating that a negative Mantoux skin test was administered on 11/30/12. The next date of Mantoux skin test was 02/24/14. The times of administration and the date and time of the reading of the results 2012 were not documented. The times and date of administration and reading for 2014 were not documented on the form. The clinical record failed to evidence a Mantoux skin test for 2013. 7. Personnel file M, a home health aide, date of hire 06/29/14, failed to evidence a Mantoux skin test prior to the patient contact 06/30/14. 8. Personnel file O, a home health aide, date of hire 11/18/13, evidenced a Mantoux skin test form which indicated a skin test was administered on 12/09/13 and the result was read on 12/11/13. The time of the administration was not documented on the form. 9. Personnel file P, a home health aide,			

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	date of hire 06/20/14, failed to evidence a Mantoux skin test prior to the first patient contact 6/29/14. 10. Personnel file Q, a home health aide, date of hire 03/01/12, evidenced a Mantoux skin test form which indicated a skin test was administered on 06/30/14 and the result was read on 07/03/14. 11. Personnel file S, a home health aide, date of hire 07/29/13, was identified as a positive responder to Mantoux skin testing. The clinical record failed to evidence an Annual Risk Assessment for upon hire and again in 2014. 13. Personnel file T, a home health aide, date of hire 10/01/11, failed to evidence a Mantoux skin test within one year from the last Mantoux skin test dated 05/24/13. 14. Personnel file W, a home health aide, date of hire 01/17/14, failed to evidence a Mantoux skin test prior to the first patient contact dated 02/02/14. 15. Personnel file X, a home health aide,			

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	date of hire 06/20/14, failed to evidence a Mantoux skin test prior to the first patient contact dated 06/23/14. 16. The Administrator indicated on 009/02/14 at 10:35 AM she was not aware of the need for an annual risk assessment and was not aware of the need for the times to be included in the Mantoux forms. 17. The Administrator was not able to provide any further documentation by the exit conference on 09/03/14 at 4:00 PM.			
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 and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record review and interview, the agency failed to ensure visits were made by Home Health Aides, Medical Social Worker, Occupational Therapy, and Physical Therapy as ordered on the plan of care for 7 of 8 records reviewed and creating the potential to affect all 93 patients receiving services	N000522	This issue has two parts. First part was related to the Scheduling Coordinator not following instruction and company policy related to staffing of HHA within 48 hours of POC completion and notification to the Clinical Director if reason unable to staff per company policy. No notes in the system of explanation of why delay, and no	09/15/2014

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	within the agency. (# 1, 2, 3, 5, 6, 7, and 8) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14 with orders for home health aide services 3 times a week, physical therapy visits 2 times a week for 8 weeks starting 07/24/14, occupational therapy evaluation, and a medical social worker evaluation ordered on 07/25/14 and again on 08/20/14. a. The clinical record evidenced the first home health aide visit was made on 08/11/14. The clinical record failed to evidence home health aide visits between 07/19/14 to 08/09/14. b. The clinical record failed to evidence a second physical therapy visit the week of 08/03/14. c. The clinical record evidence occupational therapy evaluation visit on 07/25/14 and routine visits on 7/29, 07/30, 08/07. 08/08, 08/15 and 08/22/14. The clinical record failed to evidence a physician's order for the continued occupational therapy visits.		verbal communication to Clinical Director during routine morning meetings. Scheduling Coordinator was released from our employment by 9/4/14, and the function of Scheduling Coordinator was assumed by Clinical Director until new Scheduling Coordinator hired. Since audit the Clinical Director in lieu of hiring of new scheduling coordinator is assigning the HHA within 48 hours of POC receipt per company policy. This change created a immediate rectification of deficiency. 2nd item noted during internal Audit after exit shows that Skilled labor RN, PT/OT etc was not documenting properly missed visits due to patient refusal, scheduled MD appointments etc. preventing clinician from arriving on scheduled visit day. Procedure prior to new computer system was to notify the MD via fax of completion of our paper Missed Visit Record. Audit was performed on old database in which the calendar of visits performed and ability to view lack of compliance by the clinician was not available. New system Axxess, gives the clinician a view of the calendar and can at a glance see missed visits notification for completion. Starting 9/15/14 Clinical Director upon approval of the plan of care is populating this calendar through out the entire 60 day certification period to ensure that	

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	d. The clinical record failed to evidence a medical social worker had evaluated the patient. 2. Clinical record number 2, SOC 07/10/14, included a plan of care established by the physician for certification period 07/10/14 to 09/07/14 with orders for a home health aide 3 times a week. The clinical record failed to evidence a home health aide visit had been made 3 times a week during the weeks of 07/27/14, 08/03/14, and 08/17/14. 3. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for a home health aide 2 times a week. The clinical record evidenced the first home home aide visit was made on 08/11/14. The clinical record failed to evidence home health aide visits between 07/28/14 to 08/10/14. 4. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 with orders for skilled nursing 1 time a week for 9 weeks. The clinical record failed to evidence that a skilled nurse		visually we are able to track these missed visits. By pre scheduling anticipated visits per order the clinician is forced to either enter in cooresponding note for visits made, or complete the electronic missed visit report with explanation of why visit was not performed per order. This method of tracking should ensure that the deficiency should not reoccur. Clinical Director responsible for scheduling 60 days out of visits/order. Administrator and the Clinical Director will perform audits of all charts upon the completion of the 60 day period and monthly to ensure ongoing compliance and deficiency will not reoccurMissed Visits already on quarter audit tool, but will be cited as a indicator for 2014 and 2015. 10% of active files will be audited quarterly to monitor this indicator to ensure ongoing compliance.	

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	seen the patient during the weeks of 06/22/14, 06/29/14, 07/27/14, 08/03/14, and 08/10/14. 5. Clinical record number 6, SOC 04/16/14, included a plan of care established by the physician for certification period 08/14/14 to 10/12/14 with orders for a physical therapy evaluation. The clinical record failed to evidence a physical therapist had evaluated the patient. 6. Clinical record number 7, SOC 06/19/14, included a plan of care established by the physician for certification period 06/19/14 to 08/17/14 with orders for physical therapy 2 times a week for 9 weeks. The clinical record failed to evidence a second physical therapy visit for the weeks between 06/20/14 to 07/18/14. 7. Clinical record number 8, SOC 03/14/14, included a plan of care established by the physician for certification period 05/03/14 to 07/01/14 with orders for skilled nursing 1 time a week for 9 weeks. The plan of care was updated on 06/04/14 with skilled nursing increased to 2 times a week for 4 weeks. The clinical record failed to evidence a skilled nurse visit was made between 06/18/14 to 06/23/14 and a second skilled			

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	nurse visit the week of 06/08/14. 8. The Director of Clinical services indicated on 08/29/14 at 11:45 AM and 09/03/14 at 2:00 PM that he was unable to locate clinical documentation to indicate why home health aide visits were started late, the reason for medical social worker not completing the evaluation in a timely manner, and he was unable to locate missed visit notes.			
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. (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.			

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	Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care was revised and updated to include all durable medical equipment (DME) and medications and was reviewed by the physician for 5 of 8 records reviewed creating the potential to affect all current 93 patients receiving services. (# 1, 2, 3, 4, and 5) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14. During a home visit on 08/27/14 at 9:00 AM, the patient was observed to have a 3 large liquid oxygen containers, oxygen tubing, nebulizer machine, walker, and a commode. The clinical record failed to include DME equipment on the plan of care. The orders / clinical summary / communication section of the comprehensive assessment stated the plan of care was reviewed and approved by the Nurse Practitioner. The clinical record failed to evidence the admitting physician reviewed the plan of care. 2. Clinical record number 2, SOC	N000524	Durable Medical equipment within our old system had to be hand entered into the 485. There was also an education issue with our clinical staff where items other than what was supplied by Reliant@Home needed to be acknowledged on the 485. Nursing meeting one week following audit, and via E-mail during audit the clinical team was notified of this requirement. The new system Axxess give prompts and commonly used items listings to remind the clinician of this requirement. QA function of Axxess requires the Clinical Director to review all documents prior to approval. This will ensure that this deficiency will not reoccur. The Performance Improvement audit tool will also use this deficiency as an indicator starting in the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that DME in the home is listed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Reminder to the clinical team of the need to move any new medications to the POC on the next certification period was also inserviced to the staff via E-mail and during routine staff meeting within one week of survey exit. QA function of Axxess requires the Clinical Director to review all	09/15/2014

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	157632	A. BUILDING 00 B. WING	09/03/2014

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	07/10/14, included a plan of care established by the physician for certification period 07/10/14 to 09/07/14. During a home visit on 08/27/14 at 11:00 AM, the patient was observed to have a walker, cane, and bath bench. The clinical record failed to include DME equipment on the plan of care. 3. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. The clinical record failed to include dressings and type of wound management / treatment on the plan of care. 4. Clinical record number 4, SOC 08/06/14, included a plan of care established by the physician for certification period 08/06/14 to 10/14/14. The admitting comprehensive assessment stated that the patient had a walker, wheelchair, and incontinent		documents prior to approval. This will ensure that this deficiency will not reoccur. This was already a indicator on the PI tool, but will be continued to be audited through the 2014 and 2015 PI period. 10% of all clinical records will be audited quarterly for evidence that medication changes are moved to the recertification. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Wound assessments and measurements of wounds is a requirement according to company policy on each visit unless orders state otherwise. Review with nursing staff on reporting in clinical documentation of wound measurements performed during routine staff meeting, and via E-mail. QA function of Axxess requires the Clinical Director to review all documents prior to approval. This will ensure that this deficiency will not reoccur. The Performance Improvement audit tool will also use this deficiency as an indicator starting the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that wound care measurements are being performed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the	

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	briefs. The clinical record failed to include the walker, wheelchair, and incontinent briefs on the plan o f care. 5. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification periods 06/14/14 to 08/12/14 and 08/13/14 to 10/11/14 with orders for skilled nursing 1 time a week for 9 weeks. a. The admission comprehensive assessment dated 04/15/14 and the recertification reassessment dated 06/10/14 stated the patient had a right upper quadrant fistula and a left lower ostomy. The clinical record failed to evidence care and treatment to the right upper quadrant fistula and failed to evidence colostomy size, care and treatment to the left lower ostomy. b. A physicians order dated 05/29/14 stated for the warfarin 2.5 mg (milligrams) to be given every Friday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the new physician's order. c. A physician order dated 07/18/14 stated for the warfarin 2.5 mg to be given every Tuesday / Saturday and 3.75 mg to		Administrator quarterly to ensure this deficiency do not reoccur.	

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	be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the physician's new order. d. A physician order dated 07/29/14 stated Cathflo Activase 2 mg vial to be diluted with sterile water to unclog the patient's implanted port as needed. The plan of care failed to evidence the Activase had been included in the plan of care. 6. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 09/02/14 at 1:30 PM. 7. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "A plan of care will be developed from the information gathered during the initial and comprehensive assessment. the patient's physician is consulted for approval if additions or modifications to the plan of care are required after the assessment is completed ... equipment presently in the home and potentially needed by the patient ... "			
N000537	410 IAC 17-14-1(a) Scope of Services			

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	Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record review and interview, the agency failed to ensure skilled nurse visits were made as ordered on the plan of care for 2 of 8 records reviewed creating the potential to affect all 93 patients receiving services within the agency. (# 2 and 5) Findings include: 1. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 with orders for skilled nursing 1 time a week for 9 weeks. The clinical record failed to evidence that a skilled nurse seen the patient during the week of 06/22/14, 06/29/14, 07/27/14, 08/03/14, and 08/10/14. 2. Clinical record number 8, SOC 03/14/14, included a plan of care established by the physician for certification period 05/03/14 to 07/01/14 with orders for skilled nursing 1 time a week for 9 weeks. The plan of care was updated on 06/04/14 with skilled nursing increased to 2 times a week for 4 weeks. The clinical record failed to evidence a	N000537	Audit after exit shows that problem associated with missed visits or delay in staffing was not documented and reported to MD on the Missed Visit Record. Audit was performed on old database in which the calendar of visits performed and ability to view lack of compliance by the clinician was not available. New system Axxess, give the clinician a view of the calendar and can at a glance see missed visits notification for completion. Clinical Director upon approval of the plan of care will be populating this calendar through out the entire 60 day certification period to ensure that visually we are able to track these missed visits. Clinical Director responsible for scheduling 60 days out of visits/order. Administrator and the Clinical Director will perform audits of all charts upon the completion of the 60 day period and monthly to ensure ongoing compliance and deficiency will not reoccur	09/15/2014

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	skilled nurse visit was made between 06/18/14 to 06/23/14 and a second skilled nurse visit the week of 06/08/14. 3. The Director of Clinical Services indicated on 08/29/14 at 11:45 AM and 09/03/14 at 2:00 PM that he was unable to locate missed visit notes.			
N000541	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 clinical record review and interview, the agency failed to ensure the Registered Nurse adequately evaluated a patient with a surgical wound for 1 of 2 records reviewed of patients who had wound care creating the potential to affect all patients currently receiving wound treatment. (# 3) Findings include: 1. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a	N000541	Wound assessments and measurements of wounds is a requirement according to company policy on each visit unless orders state otherwise. Review with nursing staff on reporting in clinical documentation of wound measurements performed during routine staff meeting, and via E-mail. Since Staff Meeting and E-mail notification, the Clinical Director during the QA portion of the documentation approval has been checking to ensure that measurements are in the documenation prior to full approval for billing. This started on 9/15/14. If the documenation is lacking this requirement it is	09/15/2014

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	week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. a. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. b. Skilled nursing visit notes dated 07/30, 08/01, 08/04, 08/06, 08/12, 08/13, 08/19, 08/21, and 8/29/14 stated the patient had a surgical wound but it was not measured. The clinical record failed to evidence a complete assessment of the surgical wound (e.g. description and / or measurement). 2. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 08/29/14 at 2:30 PM. 3. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "During each home visit the appropriate clinician [nurse or therapist] will re - evaluate the patient according to the problems identified during the initial visit and there after ... "		returned to the clinician for correction. The ongoing monitoring should ensure this deficiency is corrected and should not reoccur. The Performance Improvement audit tool will also use this deficiency as an indicator starting the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that wound care measurements are being performed. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency do not reoccur.	
N000542	410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for			

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	purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on clinical record and policy review, observation, and interview, the agency failed to ensure the Registered Nurse revised and updated the plan of care to include all durable medical equipment (DME) and medications for 5 of 8 records reviewed creating the potential to affect all current 93 patients receiving services. (# 1, 2, 3, 4, and 5) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14. During a home visit on 08/27/14 at 9:00 AM, the patient was observed to have a 3 large liquid oxygen containers, oxygen tubing, nebulizer machine, walker, and a commode. The clinical record failed to include DME equipment on the plan of care. 2. Clinical record number 2, SOC 07/10/14, included a plan of care established by the physician for certification period 07/10/14 to 09/07/14. During a home visit on 08/27/14 at 11:00 AM, the patient was observed to have a	N000542	Durable Medical equipment within our old system had to be hand entered into the 485. There was also an education issue with our clinical staff where items other than what was supplied by Reliant@Home needed to be acknowledged on the 485. Nursing meeting one week following audit, and via E-mail during audit the clinical team was notified of this requirement. The new system Axxess give prompts and commonly used items listings to remind the clinician of this requirement. Prior to first quarter PI audit this deficiency is being monitored during initial assessment, recertifictions, etc by the Clinical Director during the Qa portion of documenation approval to ensure the full list of DME is being listed effective 9/15/14. Immediately following audit all clinicians notified via E-mail and order corrections received and processed for signature to add the DME in the home to the current active 485. This was also completed by 9/15/14. The Performance Improvement audit tool will also use this deficiency as an indicator starting in the 4th quarter audit of 2014. 10% of all clinical records will be audited quarterly for evidence that DME in the home is listed. Performance	09/15/2014

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	walker, cane, and bath bench. The clinical record failed to include DME equipment on the plan of care. 3. Clinical record number 3, SOC 07/28/14, included a plan of care established by the physician for certification period 07/28/14 to 09/25/14 with orders for skilled nursing 3 times a week for 2 weeks, 2 times a week for 3 weeks, then 1 time a week for 4 weeks for wound management. The admission comprehensive assessment dated 07/28/14 stated the patient had an observable surgical wound but it was not measured. The clinical record failed to include dressings and type of wound management / treatment on the plan of care. 4. Clinical record number 4, SOC 08/06/14, included a plan of care established by the physician for certification period 08/06/14 to 10/14/14. The admitting comprehensive assessment stated that the patient had a walker, wheelchair, and incontinent briefs. The clinical record failed to include the walker, wheelchair, and incontinent briefs on the plan o f care. 5. Clinical record number 5, SOC		Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur. Reminder to the clinical team of the need to move any new medications to the POC on the next certification period was also inserviced to the staff via E-mail and during routine staff meeting within one week of survey exit. Prior to first quarter PI audit this deficiency is being monitored during initial assessment, recertifictions, etc by the Clinical Director during the Qa portion of documenation approval to ensure the full list of medications and any medication adjustments are reflected on the 485. This was initiated effective 9/15/14. This was already a indicator on the PI tool, but will be continued to be audited through the 2014 and 2015 PI period. 10% of all clinical records will be audited quarterly for evidence that medication changes are moved to the recertification. Performance Improvement audits of this indicator will be performed by the Clinical Director and the Administrator quarterly to ensure this deficiency does not reoccur.	

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	04/15/14, included a plan of care established by the physician for certification periods 06/14/14 to 08/12/14 and 08/13/14 to 10/11/14 with orders for skilled nursing 1 time a week for 9 weeks. a. The admission comprehensive assessment dated 04/15/14 and the recertification reassessment dated 06/10/14 stated the patient had a right upper quadrant fistula and a left lower ostomy. The clinical record failed to evidence care and treatment to the right upper quadrant fistula and failed to evidence colostomy size, care and treatment to the left lower ostomy. b. A physicians order dated 05/29/14 stated for the warfarin 2.5 mg (milligrams) to be given every Friday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the new physician's order. c. A physician order dated 07/18/14 stated for the warfarin 2.5 mg to be given every Tuesday / Saturday and 3.75 mg to be given all other days of the week. The plan of care failed to evidence the plan of care had been updated to include the physician's new order.			

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	d. A physician order dated 07/29/14 stated Cathflo Activase 2 mg vial to be diluted with sterile water to unclog the patient's implanted port as needed. The plan of care failed to evidence the Activase had been included in the plan of care. 6. The Director of Nursing was unable to provide any additional documentation and / or information when asked on 09/02/14 at 1:30 PM. 7. A policy titled "Ongoing Assessment" dated 01/15/14 stated, "A plan of care will be developed from the information gathered during the initial and comprehensive assessment. the patient's physician is consulted for approval if additions or modifications to the plan of care are required after the assessment is completed ... equipment presently in the home and potentially needed by the patient ... "			
N000564	410 IAC 17-14-1(c)(3) Scope of Services Rule 14 Sec. 1(c) The appropriate therapist listed in subsection (b) of this rule shall: (3) assist the physician, chiropractor, podiatrist, dentist, or optometrist in evaluating level of function; Based on clinical record review and interview, the agency failed to ensure visits were made by Occupational and	N000564	This issue has two parts. First part was related to the Scheduling Coordinator not	09/15/2014

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	Physical Therapy as ordered on the plan of care for 3 of 8 records reviewed of patients receiving therapy services creating the potential to affect all current patients receiving services within the agency. (# 1, 6, and 7) Findings include: 1. Clinical record number 1, SOC (start of care) 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14 with orders for physical therapy visits 2 times a week for 8 weeks starting 07/24/14 and occupational therapy evaluation. a. The clinical record failed to evidence a second physical therapy visit the week of 08/03/14. b. The clinical record evidenced an occupational therapy evaluation visit on 07/25/14 and routine visits on 7/29, 07/30, 08/07. 08/08, 08/15 and 08/22/14. The clinical record failed to evidence a physician's order for the continued occupational therapy visits. 2. Clinical record number 6, SOC 04/16/14, included a plan of care established by the physician for certification period 08/14/14 to 10/12/14		following instruction and company policy related to staffing of HHA within 48 hours of POC completion and notification to the Clinical Director if reason unable to staff per company policy. No notes in the system of explanation of why delay, and no verbal communication to Clinical Director during routine morning meetings. Scheduling Coordinator was released from our employment by 9/4/14, and the function of Scheduling Coordinator was assumed by Clinical Director until new Scheduling Coordinator hired. Since audit the Clinical Director in lieu of hiring of new scheduling coordinator is assigning the HHA within 48 hours of POC receipt per company policy. This change created a immediate rectification of deficiency. 2nd item noted during internal Audit after exit shows that Skilled labor RN, PT/OT etc was not documenting properly missed visits due to patient refusal, scheduled MD appointments etc. preventing clinician from arriving on scheduled visit day. Procedure prior to new computer system was to notify the MD via fax of completion of our paper Missed Visit Record. Audit was performed on old database in which the calendar of visits performed and ability to view lack of compliance by the clinician was not available. New system Axxess, gives the clinician a view	

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	with orders for a physical therapy evaluation. The clinical record failed to evidence that a physical therapist had evaluated the patient. 3. Clinical record number 7, SOC 06/19/14, included a plan of care established by the physician for certification period 06/19/14 to 08/17/14 with orders for physical therapy 2 times a week for 9 weeks. The clinical record failed to evidence a second physical therapy visit 2 times a week between 06/20/14 to 07/18/14. 4. The Director of Clinical services indicated on 08/29/14 at 11:45 AM and 09/03/14 at 2:00 PM that he was unable to locate missed visit notes.		of the calendar and can at a glance see missed visits notification for completion. Starting 9/15/14 Clinical Director upon approval of the plan of care is populating this calendar through out the entire 60 day certification period to ensure that visually we are able to track these missed visits. By pre scheduling anticipated visits per order the clinician is forced to either enter in cooresponding note for visits made, or complete the electronic missed visit report with explanation of why visit was not performed per order. This method of tracking should ensure that the deficiency should not reoccur. Clinical Director responsible for scheduling 60 days out of visits/order. Administrator and the Clinical Director will perform audits of all charts upon the completion of the 60 day period and monthly to ensure ongoing compliance and deficiency will not reoccurMissed Visits already on quarter audit tool, but will be cited as a indicator for 2014 and 2015. 10% of active files will be audited quarterly to monitor this indicator to ensure ongoing compliance.	
N000580	410 IAC 17-14-1(e)(8) Scope of Services Rule 14 Sec. 1(e) The social worker shall do the following: (8) Accept and carry out physician orders for social work services. Based on clinical record review and	N000580	Record reviewed and corrected.	09/15/2014

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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

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	interview, the Medical Social Worker failed to ensure an evaluation visit was made as ordered on the plan of care for 1 of 1 record reviewed with orders for social worker creating the potential to affect all current patients in need of a medical social worker. (# 1) Finding include: 1. Clinical record number 1, start of care 07/19/14, included a plan of care established by the physician for certification period 07/19/14 to 09/16/14 with orders dated 07/25/14 and 08/20/14 for a medical social worker evaluation. The clinical record failed to evidence a medical social worker had evaluated the patient. 2. The Director of Clinical services was not able to provide documentation upon request on 09/02/14 at 2:00 PM.		MSW was partially on paper through the old system, and converted to our new electronic method of documentation effective 9/1/14. Clinical Director is now responsible for importing required documentation into the system for completion by the MSW. Due to change in system, this type of error will no longer be possible. Clinical Director responsible for scheduling, and import of proper documentation for clinician to completed once orders are received for the entire certification period.	
N000593	410 IAC 17-14-1(k) Scope of Services Rule 14 Sec. 1(k) The training of home health aides pursuant to a continuing education program must be performed by or under the general supervision of a registered nurse. Based on personnel record review and interview, the agency failed to ensure the training of home health aides and the	N000593	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two	09/30/2014

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	supervision of home health aides during the supervised practical portion of the training was performed by a Registered Nurse creating the potential to affect all patients who received home health aide services. Findings include: 1. During an entrance conference on 08/26/14 at 10:00 AM, the Director of Clinical Services and the Employee Y, human resource / scheduler (home health aide), indicated the agency had a training program for home health aides. The Director of Clinical Services and Employee Y indicated Employee Y provided the classroom training for the home health aides. 2. On 08/26/14 at 2:00 PM, Employee Y provided the "Reliant at Home" training program. The file contained the: a. "Initial Competency Assessment Skills Checklist" for home health aides." b. "Certified Home Health Aide" job description c. "Certified Home Health / Hospice Aide Check List." d. "Aide Scope of Practice."		locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be	

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	e. "OSHA Inservice. 3. Employee Y was interviewed again on 08/28/14 at 3:15 PM. Employee Y indicated once more that he taught the classroom / book portion of the home health aide training and the registered nurse did the competencies. 4. The Director of Clinical Services was interviewed again on 08/28/14 at 3:55 PM. The Director of Clinical Services concurred that Employee Y managed the classroom portion of the home health training. 5. Employee C indicated on 09/03/14 at 12:30 PM that home health aide paperwork would be laid out for her to review. Employee C indicated she did not know if any of the applicants were already certified nurse aides or certified home health aides. Employee C indicated she was not aware of the mandated classroom training that she quickly reviewed material and performed skills check off.		determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	
N000596	410 IAC 17-14-1(l)(A) Scope of Services			

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	Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and Based on personnel file review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program before the aide provided care for 4 of 21 aide files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide services. (P, U, V and W) The findings include: 1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care.	N000596	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA	09/30/2014

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	3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue with HR [human resources] files last week with incompleteness."		training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	
N000597	410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry. Based on personnel record and policy review and interview, the agency failed to ensure that home health aides were	N000597	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington	09/30/2014

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	registered and in good standing on the state aide registry for 8 of 25 home health aide personnel files reviewed creating the potential to affect all patients who were receiving home health aide services in the agency. (D, J, M, P, S U, V, and W) Findings include: 1. Personnel record D, a home health aide, date of hire 04/10/14 and first patient contact 04/22/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 2. Personnel record J, a home health aide, date of hire 04/20/14 and first patient contact 04/24/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 3. Personnel record M, a home health aide, date of hire 06/29/14 and first patient contact 06/30/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 4. Personnel record P, a home health aide, date of hire 06/20/14 and first		and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. Registry application to be filed by contractor after completion of check off. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between	

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	patient contact 06/29/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 5. Personnel record S, a home health aide, date of hire 07/29/14 and first patient contact 08/02/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 6. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 7. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence the agency had determined the aide was in good standing and on the state registry prior to providing patient care. 8. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence the agency had determined the		Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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	aide was in good standing and on the state registry prior to providing patient care. 9. A policy titled " Licensure / Certification / Registration" dated 01/15/14 stated, "Personnel must maintain and show proof of licensure, certification, and / or registration as appropriate. 10. The Administrator indicated on 09/03/14 at 1:15 PM she was not able to locate personnel record M in the office. The Administrator was not able to provide any further documentation upon request.			
N000598	410 IAC 17-14-1(l)(2) Scope of Services Rule 14 Sec. 1(l)(2) The home health agency shall maintain documentation which demonstrates that the requirements of this subsection and subsection (h) of this rule were met. Based on personnel record review and interview, the agency failed to ensure documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care for 4 of 21 files reviewed of aides employed by the agency with the potential to affect all the patients receiving home health aide	N000598	No further hires of HHA have been performed since the audit until contracts are in place. New contracts now in place with two locations. One in Bloomington and another in Noblesville to complete this training on behalf of Reliant@Home per contract as audit dictates. Contract with Rusty Diemer at First Horizons Consulting Inc. executed in	09/30/2014

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	services. (P, U, V and W) The findings include: 1. Personnel record P, a home health aide, date of hire 06/20/14 and first patient contact 06/29/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 2. Personnel record U, a home health aide, date of hire 06/20/14 and first patient contact 06/30/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 3. Personnel record V, a home health aide, date of hire 01/10/14 and first patient contact 01/14/14, failed to evidence a home health aide skills competency check off prior to providing patient care. 4. Personnel record W, a home health aide, date of hire 01/17/14 and first patient contact 02/02/14, failed to evidence a home health aide skills competency check off prior to providing patient care 5. The Administrator stated on 09/02/14 at 1:35 PM, "I am aware there is an issue		October for the Noblesville facility and Megan Sergent and Golden Living Center in Bloomington for the Bloomington facility. Contracts, resumes on file for review during return audit. First class to be held in Bloomington in October. Class still pending for any Noblesville hires. No employee will be scheduled for work until the check off is performed by our contractor. Contract execution to be completed by Administrator HHA scheduling of training and checkoff's to be performed by Clinical Director in Noblesville, and Adminsitrator in Bloomington. Upon completion of our two year preclusion to perform HHA training and checkoff's we will request permission from the state to resume our own program and submit all documenation we will be using to perform this training function. Name of individual designated as responsible and their qualifications. We will not resume this function until approved, and permission granted from the state to do so. Depending on the efficiency and the relationship between Reliant@Home and the contractors, it might be determined to continue outsourcing this function. Due to potential change in staffing within the next two years we will wait to closer to the two year mark to make this ongoing decision.	

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	with HR [human resources] files last week with incompleteness."			
N000608	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 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 clinical record review and interview, the agency failed to ensure clinical records were not altered and contained accurate information for 1 of 8 records reviewed (# 5) creating the potential to affect all current 93 patients receiving services. Findings include:	N000608	Meeting was held on 9/25/14 with clinical staff. It was a instructional program on use of new software. The staff member involved in the alteration is no longer with the company in an administrative role. This was done by our previous Clinical Director who left her position in May of 2014. The document that was altered was also paper vs electronic format in which we now use. We will no	09/27/2014

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	1. Clinical record number 5, SOC 04/15/14, included a plan of care established by the physician for certification period 06/14/14 to 08/12/14 with orders for skilled nursing 1 time a week for 9 weeks. 2. The clinical record evidence a skilled nursing visit note dated 06/10/14 with a time of 11:08 AM to 11:41 AM. The patient's vital signs at the time were blood pressure 152/82, temperature 96.9, radial pulse 61, and respirations 18. 3. Review of a recertification reassessment was found to have an original date of 06/24/14. Page 1 of the reassessment had a date of 06/24/14 with a time entered of 10:30 A.M. and the last page of the reassessment had a patient and skilled nurse signature with a date of 06/24/14. The dates on the first page and last page was found to be crossed out and 06/10/14 was entered above the 06/24/14 date. The patient's vital signs at the time were blood pressure 169/94, temperature 98.9, apical heart rate of 57, and respirations 20. 4. The Administrator indicated on 09/03/14 at 1:30 PM that the documentation had been altered to reflect that the reassessment had been completed		longer being any paper form of documentation after 9/1/14. During the meeting on 9/25/14 we discussed the lock procedure of the documentation with employee signature. Once the employee signs the document it is sent to the QA folder for Clinical Director review. The employee once the document is signed cannot change or alter the document unless opened again by the Clinical Director. The Clinical Director is also unable to adjust the document produced by a employee in the field. Thus adjustment sited during the QA require the Clinical Director to forward the document back to the employee for any correction. Once the correction is completed they again sign, and the employee cannot adjust the document at that time. Online tutorials through Axxess has a Clinical Section under Questions/Answers. I queried under "Can a case manager or QA nurse sign documents completed by another clinician." Answer: A nurse is never allowed to sign another nurse's work. The documentation must be signed by the original author of the documentation	

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	within the 5 day time frame for reassessment / recertification.			