

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15K076	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/27/2012
NAME OF PROVIDER OR SUPPLIER  HEAVEN SENT HOME HEALTH CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 211 S ANDERSON ST ELWOOD, IN 46036		
(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	
G0000	<p>This was a federal home health complaint investigation.</p> <p>Complaint # IN 00102734: Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Survey Date: January 27, 2012</p> <p>Facility #: 012612</p> <p>Medicaid Vendor #: Application</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>February 2, 2012</p>	G0000	N0000 - Heaven Sent Home Health Care LLC takes regulatory compliance very seriously. This plan of correction is to serve as our credible allegation of compliance.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G0107	<p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure all complaints regarding a lack of respect for patient's property were investigated in 1 (#7) of 3 clinical records reviewed with the potential to affect all of the patients served by the agency.</p> <p>Findings include:</p> <p>1. On 1/27/12 at 11:15 AM, the administrator / director of nursing (ADM / DON) indicated the agency had no complaints except for one which she indicated was not documented and was not investigated. She stated, "I am sure it was [patient name] since I discharged them." She indicated the power of attorney (POA) for patient # 7 called the agency, approximately December 19, 2011, and requested and named two persons, that were rendering care, no longer be sent to the patient's home and did not indicate why. The staff members named were employee C and another person that was not found on the</p>	G0107	G0107 - Heaven Sent has conducted an investigation into the matters cited in this deficiency. Further, we have fully documented in our complaint log and cooperated with state officials to ensure a proper resolution is found for the patient.- Heaven Sent will ensure all complaints or information obtained by staff or management is documented and investigated.- Heaven Sent will design and document a suitable action plan, based on the information gathered during the investigation. - Heaven Sent will contact the proper state officials if one of our employees is specifically named in a complaint. - Heaven Sent will maintain on-going compliance by conducting complaint log audits every quarter and conducting an annual client satisfaction survey. - The Administrator will be responsible for correction and maintaining compliance.	02/08/2012			

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	<p>personnel roster.</p> <p>2. On 1/27/12 at 1:25 PM, the ADM / DON indicated employee C informed her the patient's POA "had accused the aides of stealing" money and possessions from the patient. She indicated that since the agency was not staffing the patient 24 hours a day, they could not be responsible. She further indicated this agency did not have any aides in the home and the person named and employee C were working for another home health agency in which the ADM / DON also works. The ADM / DON indicated she did not have any documentation to evidence the accusation or complaint had been acknowledged or investigated by the agency.</p> <p>3. Clinical record #7, start of care 11/1/11, included a plan of care for the certification period 11/1/11 through 12/29/11 with orders for a skilled nurse once a month and for a home health aide 13 hours a night as a sitter, 7 days a week. The clinical record evidenced that only employee L, a registered nurse, provided the sitter services from this agency from 7 PM on 11/1/11 through 8 AM daily from 11/1/11 through 12/27/11. The clinical record failed to evidence any complaint or investigation was conducted when employee C brought the issue to the</p>						

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	<p>attention of the administrator / director of nursing.</p> <p>4. The undated policy titled "Complaint Policy" states, "If a complaint is voiced during a home visit the staff member is asked to document the problem and the resolution in the progress note. If the problem cannot be resolved to the patient's satisfaction by the case manager then a formal grievance process will be initiated. ... Agency will maintain a log to document complaints. The log will include the date of the receipt, name of the individual registering the complaint, nature of the complaint, action taken and the resolution date, time and type of response. ... Complaints will be addressed within 72 hours. ... The director of nursing will conduct an investigation and respond to the patient or designee within 24 hours. The investigation and action taken will be documented an the complaint form."</p>				

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N0000	<p>This was a home health state complaint investigation.</p> <p>Complaint # IN 00102734: Substantiated: State deficiencies related to the allegation are cited.</p> <p>Survey Date: January 27, 2012</p> <p>Facility #: 012612</p> <p>Medicaid Vendor #: Application</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>February 2, 2012</p>	N0000	N0000 - Heaven Sent Home Health Care LLC takes regulatory compliance very seriously. This plan of correction is to serve as our credible allegation of compliance.	
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N0514	<p>Rule 12 Sec. 3(c) (c) The home health agency shall do the following: (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following: (A) Treatment or care that is (or fails to be) furnished. (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency. (2) Document both the existence of the complaint and the resolution of the complaint.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure all complaints regarding a lack of respect for patient's property were investigated in 1 (#7) of 3 clinical records reviewed with the potential to affect all of the patients served by the agency.</p> <p>Findings include:</p> <p>1. On 1/27/12 at 11:15 AM, the administrator / director of nursing (ADM / DON) indicated the agency had no complaints except for one which she indicated was not documented and was not investigated. She stated, "I am sure it was [patient name] since I discharged them." She indicated the power of attorney (POA) for patient # 7 called the agency, approximately December 19, 2011, and requested and named two</p>	N0514	N0514 - Heaven Sent has conducted an investigation into the matters cited in this deficiency. Further, we have fully documented in our complaint log and cooperated with state officials to ensure a proper resolution is found for the patient.- Heaven Sent will ensure all complaints or information obtained by staff or management is documented and investigated.- Heaven Sent will design and document a suitable action plan, based on the information gathered during the investigation. - Heaven Sent will contact the proper state officials if one of our employees is specifically named in a complaint. - Heaven Sent will maintain on-going compliance by conducting complaint log audits every quarter and conducting an annual client satisfaction survey. - The Administrator will be responsible for correction and maintaining compliance.	02/08/2012	

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	<p>persons, that were rendering care, no longer be sent to the patient's home and did not indicate why. The staff members named were employee C and another person that was not found on the personnel roster.</p> <p>2. On 1/27/12 at 1:25 PM, the ADM / DON indicated employee C informed her the patient's POA "had accused the aides of stealing" money and possessions from the patient. She indicated that since the agency was not staffing the patient 24 hours a day, they could not be responsible. She further indicated this agency did not have any aides in the home and the person named and employee C were working for another home health agency in which the ADM / DON also works. The ADM / DON indicated she did not have any documentation to evidence the accusation or complaint had been acknowledged or investigated by the agency.</p> <p>3. Clinical record #7, start of care 11/1/11, included a plan of care for the certification period 11/1/11 through 12/29/11 with orders for a skilled nurse once a month and for a home health aide 13 hours a night as a sitter, 7 days a week. The clinical record evidenced that only employee L, a registered nurse, provided the sitter services from this agency from 7</p>						

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	<p>PM on 11/1/11 through 8 AM daily from 11/1/11 through 12/27/11. The clinical record failed to evidence any complaint or investigation was conducted when employee C brought the issue to the attention of the administrator / director of nursing.</p> <p>4. The undated policy titled "Complaint Policy" states, "If a complaint is voiced during a home visit the staff member is asked to document the problem and the resolution in the progress note. If the problem cannot be resolved to the patient's satisfaction by the case manager then a formal grievance process will be initiated. ... Agency will maintain a log to document complaints. The log will include the date of the receipt, name of the individual registering the complaint, nature of the complaint, action taken and the resolution date, time and type of response. ... Complaints will be addressed within 72 hours. ... The director of nursing will conduct an investigation and respond to the patient or designee within 24 hours. The investigation and action taken will be documented an the complaint form."</p>			
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