

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2012
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NAME OF PROVIDER OR SUPPLIER HEAVEN SENT HOME HEALTH CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 S ANDERSON ST ELWOOD, IN 46036
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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
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G0000	<p>This was a revisit for a federal Home Health initial certification survey conducted on December 9, 12, and 13, 2011, that resulted in an extended survey.</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>During this survey, one condition and thirteen standard level deficiencies were corrected, one standard level deficiency was recited, and one new standard level deficiency was cited.</p> <p>Heaven Sent Home Health Care LLC. is precluded from providing its own training and/or competency evaluation program for a period of two (2) years beginning December 13, 2011, to December 13, 2013, due to being out of compliance with the Conditions of Participation</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.	
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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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	<p>42 CFR 484.36: Home Health Aide Services.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 2, 2012</p>			
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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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G0246	<p>Results of the evaluation are reported to and acted upon by those responsible for the operation of the agency.</p> <p>Based on administrative document review and interview, the agency failed to ensure a plan was in place for an ongoing evaluation of identified issues and issues were acted upon by those responsible for the operation of the agency for 1 of 1 agency with the potential to effect all 12 patients served by the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Administrative documents failed to evidence the agency prioritized the resolution of any identified problems and addressed how monitoring of the effectiveness of the program would be accomplished and documented. On January 27, 2012, at 4:40 PM, employee M indicated the agency did not have any meeting minutes that identified a quality improvement program or an approved policy regarding the agency's quality assurance program. There was not a written plan in place that objectively and systematically monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care. The agency document titled "Board of 	G0246	G0246 - Heaven Sent will adopt a process and patient oriented Quality Assurance and Improvement plan. - Heaven Sent will conduct quarterly QA/QI meetings to discuss data trends and corrective action results. - Heaven Sent will form a Quality Improvement Committee to include a member from each discipline providing services. - Heaven Sents' Board of Directors will meet and adopt/approve this process and appoint the position of Quality Coordinator. - Heaven Sent will document all root cause data and corrective actions for review by the Quality Committee and quarterly review by the PAC.- The Administrator will be responsible for implementation and on-going supervision of this process.	02/08/2012			

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N0000	<p>Directors Meeting Minutes" dated 1/6/12 stated, "Added and accepted QA performance and improvement plan that is OASIS based." The meeting minutes failed to identify any written quality improvement or agency evaluation plan.</p> <p>This was a revisit for a state Home Health initial licensure survey conducted on December 9, 12, and 13, 2011.</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>During this survey, seven deficiencies were corrected, two deficiencies were recited, and two new deficiencies were cited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN 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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N0456	<p>Rule 12 Sec. 1(e) The administrator shall be responsible for an ongoing quality assurance program designed to do the following:</p> <p>(1) Objectively and systematically monitor and evaluate the quality and appropriateness of patient care.</p> <p>(2) Resolve identified problems.</p> <p>(3) Improve patient care.</p> <p>Based on administrative document review and interview, the agency failed to ensure a plan was in place for an ongoing evaluation of identified issues and issues were acted upon by those responsible for the operation of the agency for 1 of 1 agency with the potential to effect all 12 patients served by the agency.</p> <p>The findings include:</p> <p>1. Administrative documents failed to evidence the agency prioritized the resolution of any identified problems and addressed how monitoring of the effectiveness of the program would be accomplished and documented.</p> <p>2. On January 27, 2012, at 4:40 PM, employee M indicated the agency did not have any meeting minutes that identified a quality improvement program or an approved policy regarding the agency's quality assurance program. There was not a written plan in place that objectively and systematically monitored and evaluated the quality and appropriateness</p>	N0456	<p>N0456 - Heaven Sent will design and implement a plan to track and analyze issues with agency performance. - Heaven Sent will document all issues related to agency performance, along with corrective actions taken to address identified issues. - Heaven Sents' Board of Directors will review and approve the plan for tracking agency performance and success of corrective action plans. - Heaven Sent will maintain compliance by conducting a quarterly performance review, to be present for review is the Board of Directors or the Professional Advisory Council. - The Administrator will be responsible for implementing and maintaining this process.</p>	02/08/2012

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	<p>of patient care, resolved identified problems, and improved patient care.</p> <p>3. The agency document titled "Board of Directors Meeting Minutes" dated 1/6/12 stated, "Added and accepted QA performance and improvement plan that is OASIS based." The meeting minutes failed to identify any written quality improvement or agency evaluation plan.</p>			
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N0460	<p>Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current.</p> <p>(2) Include a copy of the following:</p> <p>(A) Limited criminal history pursuant to IC 16-27-2.</p> <p>(B) Nursing license.</p> <p>(C) Annual performance evaluations.</p> <p>(D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on personnel file review and interview, the agency failed to ensure personnel files included a criminal history was obtained from the Indiana central repository for criminal history information as required by IC 16-27-2 for 2 (Files C and L) of 2 files reviewed of staff noted to have a name change prior to their date of hire.</p> <p>The findings include:</p> <p>1. Personnel file C, a home health aide, date of hire 7/15/11 and first patient contact 7/21/11, evidenced a document titled "Certificate of Marriage" dated June 13, 2011. The employee completed an application for employment with her new married name on July 13, 2011. The agency completed a limited criminal history from the Indiana central repository under her married name on July 14, 2011. The agency failed to complete a limited</p>	N0460	N0460 - Heaven Sent will ensure all criminal history checks will be ran on all names applicable(IE: Married Name, Maiden Name, Legally Changed Name).- Heaven Sent has corrected both personnel files cited in this deficiency as of 2/8/2012. - Heaven Sent will conduct national criminal history checks through the Indiana state police, utilizing finger print based analysis (Where Applicable) as required by IC 16-27-2. - Heaven Sent will maintain on-going compliance by conducting quarterly personnel file audits, on not less than 10% of active employees. - The Administrator will be responsible for correction and on-going compliance.	02/08/2012			

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	<p>criminal history search under the employee's maiden name and the name as listed on the home health registry.</p> <p>2. Personnel file L, a registered nurse, date of hire 8/31/11, evidenced an application for employment dated 8/29/11 in which the applicant indicated she had recently moved from the state of Ohio to Indiana and had worked under a different name as a registered nurse. The personnel file failed to evidence a national criminal history search that included a search from the Indiana central repository was completed under both names listed by the applicant.</p> <p>3. On January 27, 2012, at 4:15 PM, employee L indicated she had moved to Indiana from Ohio in December 2010 and she had changed her last name on 7/25/11.</p> <p>4. On January 27, 2012, at 4:15 PM, the administrator / director of nursing indicated that employee L rendered care to all the patient's because the ADM / DON was busy with another home health agency's patient load and indicated employee C had provided care to patient's # 11 and 12.</p> <p>5. On January 27, 2012, at 4:45 PM, employee M indicated the agency used a</p>			

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	company called Axiom for the criminal history searches and did not have the contract available.			
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N0472	<p>Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.</p> <p>Based on administrative document review and interview, the agency failed to ensure a plan was in place for an ongoing evaluation of identified issues and issues were acted upon by those responsible for the operation of the agency for 1 of 1 agency with the potential to effect all 12 patients served by the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Administrative documents failed to evidence the agency prioritized the resolution of any identified problems and addressed how monitoring of the effectiveness of the program would be accomplished and documented. On January 27, 2012, at 4:40 PM, employee M indicated the agency did not have any meeting minutes that identified a quality improvement program or an approved policy regarding the agency's 	N0472	<p>N0472 - Heaven Sent will adopt a process and patient oriented Quality Assurance and Improvement plan. - Heaven Sent will conduct quarterly QA/QI meetings to discuss data trends and corrective action results.- Heaven Sent will form a Quality Improvement Committee to include a member from each discipline providing services. - Heaven Sents' Board of Directors will meet and adopt/approve this process and appoint the position of Quality Coordinator. - Heaven Sent will document all root cause data and corrective actions for review by the Quality Committee and quarterly review of the PAC.- The Administrator will be responsible for implementation and on-going supervision of this process.</p>	02/08/2012			

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	<p>quality assurance program. There was not a written plan in place that objectively and systematically monitored and evaluated the quality and appropriateness of patient care, resolved identified problems, and improved patient care.</p> <p>3. The agency document titled "Board of Directors Meeting Minutes" dated 1/6/12 stated, "Added and accepted QA performance and improvement plan that is OASIS based." The meeting minutes failed to identify any written quality improvement or agency evaluation plan.</p>			

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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 persons, that were rendering care, no</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>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 PM on 11/1/11 through 8 AM daily from</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/27/2012	
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	<p>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>						