	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 00	ĆC	DATE SURVEY DMPLETED /02/2019
	ROVIDER OR SUPPLIER		123 Ma	ADDRESS, CITY, STATE, ZIP CODE ain Street ere, US 77000		
(X4) ID PREFIX TAG	DEFICIENCY 1	EMENT OF DEFICIENCIES (EACH MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROF DEFICIENCY)	BE CROSS	(X5) COMPLETIO DATE
G 0574	Plan of care mus CFR(s): 484.60(a	t include the following a)(2) (i-xvi)				
	The individualized the following:	d plan of care must include				
	 (ii) The patient psychoso status; (iii) The typestic equipment (v) The frequence to be made (vi) Prognosis (vii) Rehabilitate Functionate (viii) Activities (vii) Rehabilitate Functionate (viii) Activities (vii) Activities (ix) Nutritionate (xi) Safety means (xi) Safety means (xi) Safety means (xii) A description for emerge and hospic all necess address the factors. (xiii) Patient arr and trainite discharge (xiv) Patient-spectucation and goals and the per (xv) Informatice advanced (xvi) Any addititional (xii) Any addititional (xii) Any addititional (xii) Arrive (xiii) Patient arrive (xiii) Patient arrive (xiv) Patient (xiii) Patient (xiiii) Patient (xiiii) Patient (xiii) Patient	s; ation potential; al limitations; permitted; I requirements; ations and treatments; easures to protect against injury; tion of the patient's risk ency department visits ital re-admission, and eary interventions to he underlying risk and caregiver education ing to facilitate timely s; pecific interventions and c; measurable outcomes a identified by the HHA		Survey results revealed our a failed to include pertinent Pa to the Plan of Care to include allergies, medications, equip interventions, and goals for Patient's reviewed. The excl the pertinent data put the Pa safety/wellbeing at risk. A co medication/allergy review is completed at SOC and discu Patient on each subsequent the Plan of Care can be upd changes as they occur. All p clinical interventions and go be care planned to meet the needs, and according to care diagnosis. The admitting clin does a walkthrough of home documents all DME that the utilizing to be included on the Care and the POC are appro the services provided.	ttient data e ment, 4 of 13 usion of tient's mplete to be ussed with visit so ated for ertinent als are to patient's e planned ician and patient is e Plan of	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000		LDING	e construction 00	CC	DATE SURVEY DMPLETED /02/2019
	ROVIDER OR SUPPLIER OME HEALTH	I		123 N	r address, city, state, zip code lain Street here, US 77000		
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	Based on review and patient and s the agency failed and included all p equipment, interv patients (#1, #8, reviewed. This fa and had the pote needs. Findings i 1. Patient #1 was the agency on 10 breast cancer. Ac fibrillation, insulin and HTN. She re record, including 10/07/18 to 12/05 Patient #1's reco "SKILLED NURS 10/07/18. It was The form stated I Enoxaparin Sodio Cephalexin, Meto Patient #1's POC Warfarin, Diltiaze	a 70-year-old female admitted to //07/18, with a primary diagnosis of dditional diagnoses included atrial dependent DM, morbid obesity, ceived SN and aide services. Her the POC, for the certification period 5/18, was reviewed. rd included a handwritten ING EVALUATION," dated not signed by a clinician. Patient #1 had allergies to um, Warfarin, Diltiazem, Codeine, oprolol, Monohydrate, and peanuts. c included allergies to Enoxaparin, m, Codeine, and Cephalexin. It did llergies to Metoprolol,			Plan of Correction: The admitt clinicians have been in-serviced will complete an admission revia as well as a care plan review to all pertinent data is included on Plan of Care at SOC. The visitir clinicians, case managers have service to review meds/allergies any other change that may occu each subsequent visit, and them enter a shared communication r to services. The medication/allergies to be reconciled with the Physician on ongoing basis. This will be the responsibility of each clinician vi the Patient. This will be added to existing SOC chart audit done a admission and performed by the Administrator (or designee) to ea that POC information is accurate documented appropriately. 1009 charts will be audited for 2 mont until 90% compliance is achieve (whichever comes first). There a Administrator (or designee) will o ongoing compliance by performi global chart audit in Feb, June a on 10 charts or 10% from the per- four months (whichever is less). Administrator will review the audit to determine if there are areas of continued non-compliance and e accordingly.	I, and ew sheet ensure The been in- s, and ur at will note as an siting o the t e and % of hs or d ffer the ensure e and % of hs or d ufter the ensure ng a und Oct evious The Jit results f	12/10/201

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

ENTERS FOR	MEDICARE & MEDICA	AID SERVICES			OMI	NO. 0938-03
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000	(X2) MULTIPLE A. BUILDING B. WING	CONSTRUCTION 00	ĊC	ate survey Mplete 02/2019
NAME OF PE	ROVIDER OR SUPPLIER		STREET	ADDRESS, CITY, STATE, ZIP COD	E	
ROSE HO	OME HEALTH			ain Street ere, US 77000		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	((X5)
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TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		ION DATE
	 Administrator sta was a worksheet SOC assessmen from the worksheet agency's EMR at completed. The <i>A</i> allergies on the v EMR. She confirn include all her al Patient #1's POC allergies. Patient #1's POC allergies. Patient #12 wa admitted to the a primary diagnosis diagnoses includ Alzheimer's Dise weakness. She r record, including period 9/27/18 to Patient #12's PO of CHF. Her reco comprehensive a signed by the Ph assessment inclu severity level of 2 were controlled v functioning, and However, her PC 	c did not include all her as a 77-year-old female gency on 9/27/18, with a s of CHF. Additional ed UTI, unsteadiness on feet, ase, COPD, and muscle eceived PT services. Her the POC, for the certification 11/25/18, was reviewed. C included a primary diagnosis ord included an SOC assessment, dated 9/27/18, ysical Therapist. The uded her CHF diagnoses with a 2, meaning her CHF symptoms with difficulty, affected her daily needed ongoing monitoring. OC did not include interventions atus related to CHF. It did not				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000000 (X2) MULTIPLE CONSTRUCTION A BUILDING B WING (X2) MULTIPLE CONSTRUCTION A BUILDING B WING (X3) DATE SURVEY COMPLETED 11/02/2019 NAME OF PROVIDER OR SUPPLIER ROSE HOME HEALTH STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street Anywhere, US 77000 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH (EACH DEPICIENCY 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) COMPLETED COMPLETED TAG During an interview on 11/01/18 at 3:35 PM, the Physical Therapist confirmed Patient #12 received physical therapy services only. He stated his primary focus was gait training, strengthening, and safety. When asked why Patient #12's primary diagnosis was CHF, he stated diagnoses were determined by office staff and he was not involved in that process. Additionally, he stated he did not determine the severity codes on the SOC assessment. Patient #12's POC did not include interventions or goals related to her primary diagnosis of CHF. A patient #11 was a 57-year-old female admitted to the agency on 1/25/18, with a primary diagnosis of UTI. Additional diagnoses ID ID ID ID ID ID ID ID ID ID ID ID ID I	NTERS	FOR MEDICARE & MEDICA	AID SERVICES				RM APPROVED B NO. 0938-0391
ROSE HOME HEALTH 123 Main Street Anywhere, US 77000 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE During an interview on 11/01/18 at 3:35 PM, the Physical Therapist confirmed Patient #12 received physical therapy services only. He stated his primary focus was gait training, strengthening, and safety. When asked why Patient #12's primary diagnosis was CHF, he stated diagnoses were determined by office staff and he was not involved in that process. Additionally, he stated he did not determine the severity codes on the SOC assessment. Patient #12's POC did not include interventions or goals related to her primary diagnosis of CHF. Attent #11 was a 57-year-old female admitted to the agency on 1/25/18, with a		PLAN OF CORRECTION UMBER: 000000		A. BUILDING <u>00</u>		SURVEY COMPLETED	
Index Anywhere, US 77000 (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) COMPLETION DATE During an interview on 11/01/18 at 3:35 PM, the Physical Therapist confirmed Patient #12 received physical therapy services only. He stated his primary focus was gait training, strengthening, and safety. When asked why Patient #12's primary diagnosis was CHF, he stated diagnoses were determined by office staff and he was not involved in that process. Additionally, he stated he did not determine the severity codes on the SOC assessment. Patient #12's POC did not include interventions or goals related to her primary diagnosis of CHF. 3. Patient #11 was a 57-year-old female admitted to the agency on 1/25/18, with a Anywhere, US 77000	NAME (OF PROVIDER OR SUPPLIER					
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PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE During an interview on 11/01/18 at 3:35 PM, the Physical Therapist confirmed Patient #12 received physical therapy services only. He stated his primary focus was gait training, strengthening, and safety. When asked why Patient #12's primary diagnosis was CHF, he stated diagnoses were determined by office staff and he was not involved in that process. Additionally, he stated he did not determine the severity codes on the SOC assessment. Additionally, he stated to her primary diagnosis of CHF. 3. Patient #11 was a 57-year-old female admitted to the agency on 1/25/18, with a 3. Patient #11 was a 57-year-old female				Anywn			
Physical Therapist confirmed Patient #12 received physical therapy services only. He stated his primary focus was gait training, strengthening, and safety. When asked why Patient #12's primary diagnosis was CHF, he stated diagnoses were determined by office staff and he was not involved in that process. Additionally, he stated he did not determine the severity codes on the SOC assessment. Patient #12's POC did not include interventions or goals related to her primary diagnosis of CHF. 3. Patient #11 was a 57-year-old female admitted to the agency on 1/25/18, with a	PREF	IX (EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPI	E CROSS-	COMPLETION
included multiple pressure ulcers, HTN, and morbid obesity. She received SN, PT, OT, MSW, and aide services. Her record, including the POC, for the certification period of 1/25/18 to 3/25/18, was reviewed. Patient #11's medical record included a "COMMUNICATION NOTE," dated 1/25/18, signed by the RNCM, which stated "[Patient #11] states she can walk around the house with a 4 prong [sic] walker". Patient #11's medical record included a POC, dated 1/25/18, signed by her physician. The POC included a section tilled "DME," however, this section was blank. Patient #11's 4-prong walker was not included in her POC. The Administrator was interviewed on 11/01/18, beginning at 11:25 PM, and Patient #11's medical record was reviewed in her presence. She confirmed Patient #11's POC did not include her DME. Patient #11's POC was not individualized to include her DME.		 Physical Therapireceived physical stated his primar strengthening, al Patient #12's print stated diagnoses and he was not i Additionally, he as severity codes on Patient #12's PC or goals related the CHF. 3. Patient #11 was admitted to the aprimary diagnosis included multiple morbid obesity. States MSW, and aides the POC, for the to 3/25/18, was mere admitted to the aprimary diagnosi included multiple morbid obesity. States she ever the tot are states and he was not in Patient #11's mere "COMMUNICAT" signed by the RM #11] states she of with a 4 prong [states are dated 1/25/18, signed by the RM #11] states are dated 1/25/18, sign	ast confirmed Patient #12 I therapy services only. He y focus was gait training, nd safety. When asked why mary diagnosis was CHF, he is were determined by office staff nvolved in that process. stated he did not determine the in the SOC assessment. OC did not include interventions o her primary diagnosis of as a 57-year-old female iggency on 1/25/18, with a s of UTI. Additional diagnoses as pressure ulcers, HTN, and She received SN, PT, OT, services. Her record, including certification period of 1/25/18 reviewed. edical record included a ION NOTE," dated 1/25/18, NCM, which stated "[Patient can walk around the house ic] walker". edical record included a POC, igned by her physician. The section titled "DME," however, blank. Patient #11's 4-prong ncluded in her POC. or was interviewed on ing at 11:25 PM, and Patient cord was reviewed in her onfirmed Patient #11's POC er DME. OC was not individualized to				

					FORM APPROVED OMB NO. 0938-0391		
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING <u>00</u> SURV		(X3) D SURV	VEY	
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JAME OF PI	ROVIDER OR SUPPLIER	1	STREET A	DDRESS, CITY, STATE, ZIP CODE			
	OME HEALTH		123 Main Street				
			Anywhe	re, US 77000			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)	
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	 4. Patient #8 was to the agency on diagnosis of HTN diagnoses include aftercare followin system, presence gait, and depends She received SN record, including period 10/07/18 tr Findings include: a. Patient #E assessment, date RN. The assessment, date RN. The assessment docu symptoms contro functioning, and r related to the abore Patient #B's POC the SOC RN, inclinterventions, "As Measures to deteretention." There retention. During an interviet the RNCM confirm not include goals Patient #B's POC address her risk b. Patient #E's POC ad	a 77-year-old female admitted 10/07/18, with a primary and CKD. Additional ed CHF, encounter for surgical g surgery on the circulatory e of cardiac pacemaker, ataxic ence on supplemental oxygen. , PT, and OT services. Her the POC, for the certification o 12/05/18, was reviewed. B's record included an SOC ed 10/07/18, signed by the SOC nent documented Patient #8 had and atrial fibrillation. The umented Patient #8 had lled with difficulty, affecting daily needed ongoing monitoring				DAIL	

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

For Training Purposes Only

 PRINTED
 10/06/2019

 FORM APPROVED
 0038-0391

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) I SURV	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPL	
		000000	B. WING		11/02/	
					11/02/	2019
NAME OF PR	ROVIDER OR SUPPLIER		STREET A	ADDRESS, CITY, STATE, ZIP CODE		
ROSE HO	ME HEALTH		123 Ma	ain Street		
			Anywhe	ere, US 77000		
		TATELENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRECT	TION (EACH	(375)
(X4) ID		TATEMENT OF DEFICIENCIES	ID	CORRECTIVE ACTION SHOULD		(X5)
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TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		DATE
	A visit was made 10/31/18, at 11:30 Patient #8 was int beginning at 12:19 allergies to Erythr The RNCM was in beginning at 11:50 record was review confirmed Patient allergy to Keflex.	to Patient #B's home on 0 AM, to observe a COTA visit. erviewed on 10/31/18, 5 PM. She stated she had drug omycin, Ceclor, and Keflex. Interviewed on 11/01/18, 0 AM, and Patient #B's medical yed in his presence. The RNCM #B's POC did not include her was not comprehensive to				