### INITIAL COMMENTS

A partial extended survey for Medicare certification was completed on 03/16/12. Ten home visits were completed and a total of twenty clinical records were reviewed.

### COORDINATION OF PATIENT SERVICES

A written summary report for each patient is sent to the attending physician at least every 60 days.

This STANDARD is not met as evidenced by:

**Based on review of clinical records and agency policy**, failed to

**assure the 60-day summary to the physician contained clinical findings, facts about care furnished, and progress toward goals pertinent to the patient's diagnosis and status** in four of five applicable records (Records: Patients #4, #10, #13, and #15). Findings are:

- Policy No 3-005 1 Ongoing Communication,
- 60-day Summary/Progress Summary stated in part: The purpose of the policy stated: "To define the process for documenting patients/caregiver progress and demonstrating interdisciplinary communication in the clinical record." The policy portion stated in part: "The 60-Day Summary will be completed on all patients during the recertification period. The case manager completes the summary. The summary reflects the care provided by all disciplines as well as demonstrated interdisciplinary communications."

**RECORD/PATIENT #4**

The 60-day summary documented for the

---

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 disclosed 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 disclosed 45 days following the date these documents are made available to the facility. If deficiencies are cited, the approved plan of correction is required to continued program participation.

---

Please See Attached by each Tag Cited

Sign and Date

For example if page 1 of 33 you will need to send in all 33 pages
The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.
G 000

484.10 Initial Comments

A partial extended survey for state licensure for was completed on 03/15/12. Ten home visits were completed and a total of twenty clinical records were reviewed.

G 045

484.14(g) Coordination of Patient Services

A written summary report for each patient is sent to the attending physician at least every 62 days. This regulation is not met as evidenced by: REFER TO FEDERAL TAG G 145.

G 033

484.16 Acceptance of Patients, POC, Med Supervision

Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This regulation is not met as evidenced by: REFER TO FEDERAL TAG G 158.

G 059

484.19(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. This regulation is not met as evidenced by: REFER TO FEDERAL TAG G 159.

G 072

484.30(a) Duties of the Registered Nurse

Please See Attached by each Tag

Sign and Date

For example if page 1 of 3 you will need to send in all 3 pages
The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.