

**Iowa Center for Home Care
HHA Survey Review G-Tags
4th Quarter 2018**

Total # of reports: 3
Recertification surveys: 2 (0 deficiency free)
Complaint: 1 (1 deficiency free)
Extended: 0
Revisits: 0
Inability to competize = 0
Validation survey =0

G-Tags cited by Iowa Department of Inspections and Appeals

[Old CMS description of G-tags](#)

[New G tags](#)

G1008

- Agency failed to appropriately authenticate handwritten documentation, electronically authenticate all documentation being stored electronically, complete transfer summaries and send to the physician caring for the patient at the inpatient facility within 2 business days or knowledge of the transfer, and complete discharge summaries and send to the physician and any other health care professional caring for the patient upon the patient's home health discharge within 5 business days of the patient's discharge.

G1022

- Agency failed to complete and send a transfer summary to the physician or other health care professionals responsible for providing care to the patient while in a health care facility within 2 business days of the knowledge of the occurrence.
- Agency failed to complete and send a transfer summary to the physician or other health care professionals responsible for providing care to the patient while in a health care facility within 2 business days of knowledge of the occurrence.

G1024

- Agency failed to authenticate all hand written/type written entries in the clinical record with a clinician's signature with date and time of the signature, and/or failed to electronically sign documents being stored electronically.

G372

- Agency failed to transmit OASIS data within 30 days of the OASIS M0090 date for 1 of 7 sampled patients

G510

- Failure to ensure each SOC assessment was completed within 5 days following each patient's soc; failed to ensure each comprehensive assessment included current health assessment, psychosocial assessment, functional assessment and cognitive assessment.

G520

- Agency failed to ensure accurate completion of all required components of the soc comprehensive assessments within 5 days following the patient's soc date. Clinical records were not electronically signed in the system.

G528

- Failure to include an individualized assessment relating to patient's current health status when completing comprehensive assessments. Contents for each comprehensive assessment must accurately reflect patient's current status and at minimum include patient's current health psychosocial, functional, cognitive status, goals, care preferences.

G536

- Agency failed to complete a drug regimen review, including all required components, with each comprehensive assessment within the allowed time frames.
- Agency failed to complete a drug regimen review, including all required components, with each comprehensive assessment within the allowed time frames. Agency failed to identify duplicate drug therapy, patient had medications listed that she stated she had not used for years, patient using icy hot put not on the care plan and had no physician order for it. POC's did not have all medications found in the home.

G546

- Agency failed to ensure accurate completion of all required components of the recertification comprehensive assessments between day 56-60. ROC was not electronically locked or signed.
- Agency failed to ensure accurate completion of all required components of the recertification comprehensive assessments between day 56-60 . Recertification assessments were not locked before the new cert period began.

G548

- Agency failed to ensure accurate completion of all required components of the resumption comprehensive assessments within 48 hours of the agency's knowledge of return home from an inpatient facility.
- Agency failed to ensure accurate completion of all pertinent components of the resumption of care comprehensive assessment within 48 hours of agency's knowledge of return home from an inpatient facility. Agency assessments lacked specific resumption of care date.

G550

- Agency failed to ensure accurate completion of all required components of the discharge comprehensive assessments within 2 calendar days of identification of the need to discharge a patient.

G570

- Failure to ensure skilled professionals provided care as ordered by physician in POC, failed to ensure agency skilled staff integrate services to assure identification of patient needs/ factors that could affect patient safety and coordination of care provided by all disciplines.

G572

- Agency failed to notify the physician of changes in visit frequency ordered on the POC (missed visits) or perform interventions as ordered in the POC. All patient care orders,

including verbal orders, must be recorded in the POC and Plans of Care cannot be signed by a physician's assistant or advanced registered nurse practitioner.

- Agency failed to follow physician orders as indicated on the individualized POC in a way to meet the needs of the patient. Patient had catheter removed with orders to watch patient after removal for any difficulties urinating, family member called, and stated patient had not gone after catheter removed. Agency was not proactive in following client. The agency did not coordinate the patient's care adequately to meet the patient's individualized needs. Client had order for every 3-day wound visit, but the agency would not go when it fell on the weekend stating that Medicare would possibly deny payment.

G574

- Agency failed to ensure the accurate completion of all components comprising the POC, including all supplies/equipment used by the patient to meet the patient's needs. Supplies not listed on the POC: oral thermometer, wheel chair, spirometer, pulse ox.
- Agency failed to ensure the accurate completion of all components comprising the POC, including all supplies/equipment used by the patient to meet the patient's needs. Supplies not listed on the POC: incontinence briefs, grab bars, bedside commode, medical alert system CPAP machine, Patients sliding scale insulin orders were not incorporated into their poc. Patients with orders for injections did not have if to be given IM or SQ. Order for Acetaminophen Extra Strength as needed did not specify under what circumstances the patient should use the medication.

G608

- Agency failed to ensure patient care delivery was coordinated in a way to meet patient individualized needs. The patient's care was not effectively coordinated to prevent urinary retention and abdominal distention following the removal of the patient's catheter.

G702

- Agency failed to assure clinicians followed agency policies and procedures when providing care to agency patients. Patient with a hip incision did not have documentation of any assessment, measurements or photographs of the patients left hip surgical incision.

G706

- Agency failed to ensure an ongoing and continual interdisciplinary assessment approach between all professional staff involved in the POC from the initial assessment through discharge . Patient with OT and PT ordered lacked documentation of ongoing communication and collaboration between nursing and PT and OT.

G710

- Agency failed to ensure registered nurses and therapist provided care as ordered by the physician in the POC. Patient with orders to have cyanocobalamin every 3 weeks was given the injection every 2 weeks with no physician order to change it. Client had order to have catheter irrigated twice weekly and as needed and there was no documentation that the nurse did that.

E-021

- Agency failed to ensure the development of a policy and procedure to inform state and local officials of any on duty staff and patients they are unable to contact in the event of an interruption of services related to an emergency.