



Official Accreditation Report

Carelink Health Care Services, LLC
629 E Wood St Suite 201
Vineland, NJ 08360

Organization Identification Number: 525218

Initial Full Event: 12/22/2014 - 12/22/2014

Report Contents

Executive Summary

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Opportunities for Improvement

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)

Home Care Accreditation

Survey Date(s)

12/22/2014-12/22/2014

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in either 45 or 60 days, depending upon whether the observation was noted within a direct or indirect impact standard. The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Home Care Accreditation Program	
Standards:	NPSG.09.02.01	EP1,EP2
	PC.01.03.01	EP1,EP5
	PC.02.01.03	EP1
	RC.02.01.01	EP2

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Home Care Accreditation Program	
Standards:	EM.02.01.01	EP4,EP5,EP6
	HR.01.02.05	EP1
	IC.02.04.01	EP4,EP5
	MM.04.01.01	EP1
	NPSG.07.01.01	EP2

Requirements for Improvement – Detail

Chapter: Emergency Management

Program: Home Care Accreditation

Standard: EM.02.01.01

ESC 60 days

Standard Text: The organization has an Emergency Operations Plan.
Note: The organization's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, staff responsibilities, utilities, and patient clinical and support activities during an emergency (refer to Standards EM.02.02.01, EM.02.02.03, EM.02.02.07, EM.02.02.09, and EM.02.02.11). Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This 'all hazards' approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the Plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

Element(s) of Performance:

4. The organization has a written Emergency Operations Plan that describes the recovery strategies, actions, and individual responsibilities necessary to restore the organization's care, treatment, or services after an emergency.



Scoring Category : A
Score : Insufficient Compliance

5. The Emergency Operations Plan describes the processes for initiating and terminating the organization's response and recovery phases of an emergency, including under what circumstances these phases are activated.

Note: Mitigation, preparedness, response, and recovery are the four phases of emergency management. They occur over time: Mitigation and preparedness generally occur before an emergency, and response and recovery occur during and after an emergency.



Scoring Category : A
Score : Insufficient Compliance

6. The Emergency Operations Plan identifies the individual(s) responsible for activating the response and recovery phases of the emergency response.



Scoring Category : A
Score : Insufficient Compliance

Observation(s):

The Joint Commission

EP 4

Observed in Emergency Management Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Emergency Management Session, the Home Health Nurse Surveyor noted the organization did not have a written Emergency Operations Plan that described the recovery strategies, actions and individual responsibilities necessary to restore the organization's care, treatment or services after an emergency. This was confirmed with the Administrator and Director of Nursing.

EP 5

Observed in Emergency Management Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Emergency Management Session, the Home Health Nurse Surveyor noted the Emergency Operations Plan did not describe the processes for initiating and terminating the organization's response and recovery phases of an emergency. For example, the Surveyor noted that the plan addressed the initiation process; however, it did not address the recovery phase processes. This was confirmed with the Administrator and Director of Nursing.

EP 6

Observed in Emergency Management Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Emergency Management Session, the Home Health Nurse Surveyor noted the Emergency Operations Plan did not identify the individual(s) responsible for activating the recovery phases of the emergency response. This was confirmed with the Administrator and Director of Nursing.

Chapter:	Human Resources
Program:	Home Care Accreditation
Standard:	HR.01.02.05
Standard Text:	The organization verifies staff qualifications.

ESC 60 days

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the organization both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)

Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented. This verification is obtained from the appropriate state licensing or certification board, at the time of hire and at the time of renewal of credentials.

Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.

Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Competency Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Competency Session, the Home Health Nurse Surveyor noted the organization did not verify the credentials with the primary source and document this verification when a provider was hired. For example, the Surveyor noted that the contracted physical therapist's license was not verified prior to 12/22/2014. This was confirmed with the Administrator.

Chapter: Infection Prevention and Control

Program: Home Care Accreditation

Standard: IC.02.04.01

ESC 60 days

Standard Text:

The organization offers vaccination against influenza to licensed independent practitioners and staff.

Note: This standard is not applicable to staff and licensed independent practitioners that provide care, treatment, or services through telemedicine or telephone consultation.

The Joint Commission

Element(s) of Performance:

4. The organization includes in its infection control plan the goal of improving influenza vaccination rates. (For more information, refer to Standard IC.01.04.01.)



Scoring Category : A

Score : Insufficient Compliance

5. The organization sets incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020.



Note: The U.S. Department of Health and Human Services' Action Plan to Prevent Healthcare-Associated Infections is located at <http://www.hhs.gov/ash/initiatives/hai/hcpflu.html>.

Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 4

Observed in Data Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Data Session, the Home Health Nurse Surveyor noted the organization did not include in its infection control plan the goal of improving influenza vaccination rates. For example, the Surveyor noted the organization did not establish a goal for influenza vaccination rates for its staff. This was confirmed with the Administrator.

EP 5

Observed in Data Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Data Session, the Home Health Nurse Surveyor noted the organization did not set incremental influenza vaccination goals, consistent with achieving the 90% rate. For example, the Surveyor noted the organization did not establish an influenza vaccination goal. This was confirmed with the Administrator.

Chapter: Medication Management

Program: Home Care Accreditation

Standard: MM.04.01.01

ESC 60 days

Standard Text: Medication orders or prescriptions are clear and accurate.

Note: For more information on verbal and telephone orders, refer to Standards RC.02.03.07 and PC.02.01.03.

Element(s) of Performance:

1. For organizations that prescribe or receive medication orders verbally or via telephone, fax, or electronic media: The organization has a written policy that identifies the specific types of medication orders or prescriptions that it deems acceptable for use.



Note: There are several different types of medication orders. Medication orders commonly used include the following:

- As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom
- Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances specified in the instructions
- Automatic stop orders: Orders that include a date or time to discontinue a medication
- Titrating orders: Orders in which the dose is either progressively increased or decreased in response to the patient's status
- Taper orders: Orders in which the dose is decreased by a particular amount with each dosing interval
- Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient's status
- Orders for compounded drugs or drug mixtures not commercially available
- Orders for medication-related devices (for example, nebulizers, catheters)
- Orders for investigational medications
- Orders for herbal products
- Orders for medications at discharge or transfer

Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Tracer Activities at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During Tracer Activities, the Home Health Nurse Surveyor noted the organization did not have a policy that identified the specific types of medication orders or prescriptions that it deemed acceptable for use. For example, the Surveyor noted that there was no policy in its policy manual book that identified acceptable medication orders to include: prn orders, standing orders, titrating orders, taper orders, range orders, etc. This was confirmed with the Administrator.

The Joint Commission

Chapter: National Patient Safety Goals
Program: Home Care Accreditation
Standard: NPSG.07.01.01 
Standard Text: Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Element(s) of Performance:

2. Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3)



Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Data Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Data Session, the Home Health Nurse Surveyor noted the organization did not set goals for improving compliance with hand hygiene guidelines. This was confirmed with the Administrator and the Director of Nursing.

Chapter: National Patient Safety Goals
Program: Home Care Accreditation
Standard: NPSG.09.02.01
Standard Text: Reduce the risk of falls.



Element(s) of Performance:

1. Assess the patient's risk for falls.



Scoring Category : C
Score : Partial Compliance

2. Implement interventions to reduce falls based on the patient's assessed risk.



Scoring Category : A
Score : Insufficient Compliance

The Joint Commission

Observation(s):

EP 1

Observed in Individual Tracer at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During an Individual Tracer, HHV #1, and subsequent record review, the Home Health Nurse Surveyor noted the organization did not assess the patient's risk for falls. For example, the Surveyor noted there was no documentation of a fall risk assessment completed on admission for the patient. In discussion with the Administrator and Director of Nursing, fall risk assessment was only completed if the patient was at risk for falls.

Observed in Record Review at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During a Record Review, RR #1, the Home Health Nurse Surveyor noted the organization did not assess the patient's risk for falls. For example, the Surveyor noted there was no documentation of a fall risk assessment completed on admission for the patient. In discussion with the Administrator and Director of Nursing, fall risk assessment was only completed if the patient was at risk for falls.

EP 2

Observed in Environment of Care Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Environment of Care Session, the Home Health Surveyor noted the organization did not implement interventions to reduce the risk of falls based on patient's assessed risk. The organization did not assess the patient's risk and therefore were not able to implement interventions to reduce the risk of falls.

Chapter:	Provision of Care, Treatment, and Services
Program:	Home Care Accreditation
Standard:	PC.01.03.01
Standard Text:	The organization plans the patient's care.

ESC 45 days

Element(s) of Performance:

1. The organization plans the patient's care, treatment, or services based on needs identified by the patient's assessment.



Note 1: The patient's strengths are considered along with his or her identified needs.

Note 2: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Scoring Category : C

Score : Partial Compliance

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

The Joint Commission

EP 1

Observed in Individual Tracer at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During an Individual Tracer, HHV #1, and subsequent record review, the Home Health Nurse Surveyor noted the organization did not plan the patient's care, treatment or services based on needs identified by the patient's assessment. For example, the Surveyor noted the aide plan of care indicated that the aide was to provide a bed bath every visit. However, the patient stated that she currently receives a bath in the evening by another caregiver not affiliated with the agency. The patient reported that in the future the aide may need to provide a bath as the person who provides care in the evening was retiring in the next couple of weeks. The home health's aide documentation indicated she did not provide a bath to the patient. This was confirmed with the Director of Nursing.

Observed in Record Review at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During a Record Review, RR #1, the Home Health Nurse Surveyor noted the organization did not plan the patient's care, treatment, or services based on needs identified by the patient's assessment. For example, the Surveyor noted at the admission assessment dated 9/17/2014, the patient complained of pain 7/10 to the left forearm; however, this was not addressed on the plan of care. This was confirmed with the Director of Nursing and Administrator.

EP 5

Observed in Record Review at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During a Record Review, RR #1, the Home Health Nurse Surveyor noted the written plan of care was not based on the patient's goals and the time frames, settings, and services required to meet those goals. For example, the Surveyor noted that the plan of care dated 9/17/2014 included the following goals: Patient will have increase muscle strength and improve ROM. However, the Surveyor noted that the physical therapy evaluation dated 9/17/2014 indicated the following therapy goals: Short term goals: Increased ROM/flexibility by 5 - 10 degrees at the left wrist and elbow; increased muscle strength by +1; reduced stillness at the left elbow, wrist, fingers and shoulder. Long term goals: Increased ROM by within functional limits left shoulder and elbow; increased muscle strength by +1 left arm; decreased pain to 4/10 left arm; improve activities using the left arm. This was confirmed with the Director of Nursing and Administrator.

Chapter:	Provision of Care, Treatment, and Services
Program:	Home Care Accreditation
Standard:	PC.02.01.03
Standard Text:	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

ESC 45 days

The Joint Commission

Element(s) of Performance:

1. Prior to providing care, the organization obtains or renews orders (verbal or written) from a licensed independent practitioner in accordance with professional standards of practice and law and regulation.



Scoring Category : A

Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Record Review at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During a Record Review, RR #1, the Home Health Nurse Surveyor noted that the organization did not obtain orders prior to providing care from a licensed independent practitioner in accordance with professional standards of practice and law and regulation. For example, the Surveyor noted that the organization did not obtain specific wound care orders to the wound to the left forearm. The plan of care indicated only "wound care and dressing changes." This was confirmed with the Director of Nursing and Administrator.

Chapter: Record of Care, Treatment, and Services

Program: Home Care Accreditation

Standard: RC.02.01.01

ESC 45 days

Standard Text: The patient record contains information that reflects the patient's care, treatment, or services.

Element(s) of Performance:

2. The patient record contains the following clinical information:



- Any medications administered, including dose
- Any activity restrictions
- Any changes in the patient's condition
- Any summaries of the patient's care, treatment, or services furnished to the patient's physician or licensed independent practitioner(s)
- The patient's medical history
- Any allergies or sensitivities
- Any adverse drug reactions
- The patient's functional status
- Any diet information or any dietary restrictions
- Diagnostic and therapeutic tests, procedures, and treatments, and their results
- Any specific notes on care, treatment, or services
- The patient's response to care, treatment, or services
- Any assessments relevant to care, treatment, or services
- Physician orders
- Any information required by organization policy, in accordance with law and regulation
- A list of medications, including dose, frequency, and route of administration for prescription and nonprescription medications, herbal products, and home remedies that relate to the patient's care, treatment, or services
- The plan of care
- For DMEPOS suppliers serving Medicare beneficiaries: The DMEPOS prescription, any certificates of medical necessity (CMN), and pertinent documentation from the beneficiary's prescribing physician. (See also PC.01.02.01, EP 1; PC.01.03.01, EPs 1 and 23)

Note 1: For organizations that provide personal care and support services: The plan of care may be a part of the service agreement or service contract, a list of duties to be carried out by the personal care or support service staff, or another separate document.

Note 2: For organizations that provide personal care and support services: The patient record contains the documentation on the list noted above that applies to the care, treatment, or services provided by the personal care and support staff.

Scoring Category : C

Score : Partial Compliance

Observation(s):

The Joint Commission

EP 2

Observed in Record Review at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During a Record Review, RR #1, the Home Health Nurse Surveyor noted the patient record did not contain all specific notes on care, treatment or services. For example, the Surveyor noted the nurse did not document on all nursing visit notes including the following dates 10/22/2014, 10/28/2014 and 11/15/2014 the wound care that was being performed. The documentation indicated that wound was "cleansed with NSS and redressed." This was confirmed with the Administrator and Director of Nursing.

Observed in Record Review at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

Due to small sample size:

During a Record Review, RR #1, the Home Health Nurse Surveyor noted the patient record did not contain all specific notes on care, treatment or services. For example, the Surveyor noted the nurse did not document on all nursing visit notes including the following dates 10/22/2014, 10/28/2014 and 11/15/2014 the wound care that was being performed. The documentation indicated that wound was "cleansed with NSS and redressed." This was confirmed with the Administrator and Director of Nursing.

Opportunities for Improvement – Summary

Observations noted within the Opportunities for Improvement (OFI) section of the report represent single instances of non-compliance noted under a C category Element of Performance. Although these observations do not require official follow up through the Evidence of Standards Compliance (ESC) process, they are included to provide your organization with a robust analysis of all instances of non-compliance noted during survey.

Program:	Home Care Accreditation Program		
Standards:	HR.01.02.05	EP4,EP5	
	HR.01.04.01	EP3	

**The Joint Commission
Findings**

Opportunities for Improvement – Detail

Chapter: Human Resources
Program: Home Care Accreditation
Standard: HR.01.02.05
Standard Text: The organization verifies staff qualifications.

Element(s) of Performance:

4. The organization obtains a criminal background check on the applicant as required by law and regulation or organization policy. Criminal background checks are documented. For hospices that elect to use The Joint Commission deemed status option: In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for the states that the individual has lived in or worked in during the past three years.



Scoring Category : C
Score : Satisfactory Compliance

5. Staff comply with applicable health screening as required by law and regulation or organization policy. Health screening compliance is documented.



Scoring Category : C
Score : Satisfactory Compliance

Observation(s):

EP4

Observed in Competency Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201,Vineland,NJ) site.

During the Competency Session, the Home Health Nurse Surveyor noted the organization did not obtain a criminal background check on the applicant as required by law and regulation or organization policy. For example, the Surveyor noted the organization did not obtain a criminal background check for the contracted physical therapist. This was confirmed with the Administrator.

EP5

Observed in Competency Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201,Vineland,NJ) site.

During the Competency Session, the Home Health Nurse Surveyor noted the staff did not comply with applicable health screening as required by law and regulation or organization policy. For example, the Surveyor noted that the contracted physical therapist did not have documentation of health screenings on file prior to hire. This was confirmed with the Administrator.

Chapter: Human Resources
Program: Home Care Accreditation

The Joint Commission

Findings

Standard: HR.01.04.01

Standard Text: The organization provides orientation to staff.

Element(s) of Performance:

3. The organization orients staff on the following:
Relevant policies and procedures. Completion of
this orientation is documented.



Scoring Category : C

Score : Satisfactory Compliance

Observation(s):

EP3

Observed in Competency Session at Carelink Health Care Services, LLC (629 E Wood St Suite 201, Vineland, NJ) site.

During the Competency Session, the Home Health Nurse Surveyor noted the organization did not orient staff to relevant policies and procedures. For example, the Surveyor noted that there was no documentation of orientation for the contracted physical therapist to relevant policies and procedures. This was confirmed with the Administrator.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0