

# Georgia Home Care Provider – Plan of Correction (POC)

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Provider Name: Special Heart Home Care LLC

License Number: PHCP013161

Survey Date:

Statement of Deficiency (SOD) Date:

## Deficiency #1

Tag / Citation:

**Deficiency Description (from SOD):** (Nurse Supervisory

Visit): Based on review of client and employee records and

an interview with Staff A, it was determined that the agency

failed to document routine quarterly supervisory visits for

one of one (Client #1) sampled client.

Findings were:

1. A record review for Clients #1 showed the last

supervisory visit was completed on 3/11/25. The client

record failed to show a completed supervisory visit for

July 2025.

2. During the exit conference on August 6, 2025, at 11:06

am, Staff A stated the agency will make changes.

## Plan of Correction:

1. Immediate Correction Taken:

Implemented a Supervisory Visit Tracking Log for all

clients showing due dates for visits.

## Systemic Changes / Prevention:

Implemented a Supervisory Visit Tracking Log for all

clients showing due dates for visits.

Administrative staff receives monthly reminders of upcoming supervisory visits two weeks in advance. All RN Supervisors retrained on the required visit frequency and proper documentation on day of training. Agency policy updated to mandate monthly review of upcoming supervisory visits by the Administrator.

**2. Person Responsible**

**Administrator:** Oversees compliance with the visit schedule and ensures timely completion of all visits.

**RN Supervisor:** Completes supervisory visits and proper documentation.

**3. Completion Date:** All corrective actions will be fully implemented by

**Deficiency #2**

Tag / Citation: \_\_\_\_\_

**Deficiency Description (from SOD):** Service Plan

Based on review of client and reviews and interview with Staff A, it was determined the service plans was not

reviewed and updated at the time of each supervisory visit or whenever there were changes for one of one ( Client #1)

sampled client.

Findings were:

1. A record viewer for Client #1 showed a service plan for personal care services dated 3/11/25. Further record review lacked communication that it had been reviewed or updated in a timely manner.
2. During the exit conference on August 6, 2025, at 11:06 am, Staff A stated the agency will make changes.

**Deficiency #3**

Tag / Citation:

**Deficiency Description (from SOD):** Based on client record reviews and an interview with Staff A, it was determined that they provider failed to ensure a complete service plan was included in the record for one of one (Client #1) sampled client.

1. A record viewer for Client #1 lacked documentation of a complete service plan. The service plan was missing the following: frequency and duration.
2. During the exit conference on August 6, 2025, at 11:00am, Staff A stated the agency will make changes.

**Plan of Correction:**

1. **Immediate Correction Taken:** Obtained signed orders for all services listed on the Service Plan.

2. **Systemic Changes / Prevention:** Instituted policy requiring physician orders be secured prior to service initiation; cross-check process added between RN and scheduling staff before patient visits begin.
3. **Person Responsible:** Director of Nursing

4. **Completion Date:**

**Deficiency #4**

Tag / Citation:

**Deficiency Description (from SOD)** Based on client record reviews and an interview, the Provider failed to document the referral source for one of one (Client #1) sampled client.

Findings were:

1. A review of the file for Client #1 lacked documentation for the source referrals.
2. During the exit conference on August 6, 2025, at 11:00a.m., Staff A stated the agency will make changes.

**Plan of Correction:**

1. **Immediate Correction Taken:** The missing

documentation for Staff B has been obtained and placed in the personnel file. The employee's record is now complete, including the TB screening form as required by regulation.

Systemic Changes / Prevention: A personnel file audit tool has been developed and implemented. All employee records will be reviewed prior to the start of employment and at least annually to ensure compliance with state requirements. Quarterly audits will be conducted by the Administrator to verify completeness of personnel files, with immediate corrective action taken for any deficiencies identified. Staff will receive annual training on documentation and regulatory requirements for employee health records.

2. **Person Responsible:** HR/Administrative Support

3. **Completion Date:**

**Deficiency #5**

**Tag / Citation:**

**Deficiency Description (from SOD):**

Based on client record reviews and an interview with Staff A, it was determined the provider failed to maintain complete personnel records at the private home care providers (PHCP) office for one of the two (Staff B) sampled employee.

Findings were:

1. During the employee record review for Staff B, the following were missing: TB/Chest X-Ray or TB symptoms screening form.
2. During the exit conference on August 6, 2025, at 11:06 a.m., Staff A stated the agency will make changes.

**Plan of Correction:**

1. **Immediate Correction Taken:** Revised the Service Plan to specify caregiver responsibilities and scope of tasks.

2. Systemic Changes / Prevention: Developed standardized template language for caregiver task assignment. Supervisory visits will include review of task clarity with both caregiver and patient.

3. Person Responsible: RN Case Manager

4. Completion Date:

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_