

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/21/2013
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NAME OF PROVIDER OR SUPPLIER WELCOME HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 524 S HART ST PRINCETON, IN 47670
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N000000	<p>This was a home health State re-licensure survey.</p> <p>Survey Dates: 3-20-13 & 3-21-13</p> <p>Facility #: 010154</p> <p>Medicaid Vendor #: n/a</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Agency census: 8 skilled patients 8 home health aide only patients 23 personal services patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 21, 2013</p>	N000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 disclosable 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 disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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N000470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on observation, review of agency policy and Centers for Disease Control (CDC) document, and interview, the agency failed to ensure staff provided care in accordance with agency policy and CDC Standard Precautions in 2 (#s 1 and 2) of 2 home visits completed creating the potential to affect all of the agency's 39 current patients.</p> <p>The findings include:</p> <p>1. The Centers for Disease Control "Standards Precautions" states, "IV. Standard Precautions . . . IV.A. Hand Hygiene. IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . . Perform hand hygiene: IV.A.3.a. Before having direct contact with patients. IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.</p>	N000470	<p>1. The Agency's clinical field staff will receive mandatory education including: a. Handouts and competency testing regarding hand hygiene, correct sequencing of washing hands, donning and removing gloves, including appropriate times to cleanse hands, don gloves, change gloves and cleanse non-disposable equipment. b. Supervisory nurses will receive mandatory education and begin utilizing new supervisory visit forms by April 10, 2013, which will include line item, "Observed field staff perform infection control and standard precautions regarding hand washing, donning gloves, removing gloves and hand sanitizing. This will be observed during every home health aide supervisory visit. c. The Administrator will have competency checked 100% of clinical field staff by June 21, 2013. 2. Clinical staff will participate in on-going education regarding infection control and standard precautions. Supervisory nurses will observe home health aides performing infection control and standard precautions and re-educate as</p>	06/21/2013			

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	<p>IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).</p> <p>IV.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care.</p> <p>IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.</p> <p>IV.A.3.f. After removing gloves . . .</p> <p>IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently . . .</p> <p>IV.B. Personal protective equipment (PPE) . . .</p> <p>IV.B.2. Gloves.</p> <p>IV.B.2.a. Wear gloves when it can be reasonably anticipated that contact with blood or potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin . . . could occur.</p> <p>2. The agency's 10/10 "Universal Body Substance Precaution" policy number 4014 states, "Agency personnel will adhere to the following precautions and will instruct clients / families / caregivers in infection control precautions as appropriate to the client's care needs."</p>		<p>needed, while completing home health aide supervisory visits. Infection control and standard precautions will be monitored in the Quality Assurance Annual Plan. 10% of field staff will be competency checked quarterly. 3. The Director of Clinical Services will be responsible for education and the Administrator will be responsible for competency check of field staff. 4. Supervisory nurses will be educated and competency checked by April 10, 2013. The remaining clinical field staff will be educated and competency checked by June 21, 2013; one third completed by April 21, 2013, one third completed May 21, 2013 and the final one third completed by June, 21, 2013</p>				

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	<p>The agency's 10/10 "Infection/Exposure Control Plan" policy number 4013 states, "The agency will design, measure, assess and improve the function of surveillance, prevention, and control of infection / exposure control plan it to: . . . Comply with all applicable state, and federal regulations."</p> <p>3. A home visit was made to patient number 4 on 3-20-13 at 12:35 PM with employee E, a home health aide. The aide was observed to provide a shower bath to the patient. The aide assisted the patient to transfer from a wheelchair to the shower chair and removed the soiled Depends undergarment. The employee failed to cleanse her hands and change her gloves after touching the soiled undergarment.</p> <p>A. The aide washed the patient's entire body and then washed the front perineal area and buttocks. The aide applied a clean Depends and assisted the patient to stand. The aide failed to cleanse her hands and change her gloves after completing the perineal care.</p> <p>B. After the aide assisted the patient to stand, the aide then cleansed the patient's anal area and pulled up the Depends undergarment. The aide failed to cleanse her hands and change gloves</p>						

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	<p>after washing the patient's anal area.</p> <p>C. The aide applied a clean shirt, brushed the patient's hair, and applied the patient's eye glasses wearing the same gloves she had worn while assisting the patient to bathe.</p> <p>4. A home visit was made to patient number 1 on 3-20-13 at 2:55 PM with employee H, a registered nurse (RN). The RN washed her hands and donned clean gloves. The RN took the patient's vital signs and placed the blood pressure (BP) measurement machine on the tray of the patient's wheelchair. After completing the task, the RN placed the BP machine and her stethoscope back into her nursing bag without first cleansing the equipment.</p> <p>After taking the patient's vital signs, the RN removed her gloves. The RN held the gloves in her hand while continuing to touch the patient on the shoulder and back. The RN was not observed to cleanse her hands after removing her gloves.</p> <p>5. The above-stated observations were discussed the administrator, employee F, and the supervising nurse, employee G, on 3-21-13 at 8:25 AM. Both agreed employees E and H had not provided care in accordance with agency policy and the</p>						

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	CDC guidelines.			

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N000472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures. Based on administrative record and quality assurance performance improvement (QAPI) program review and interview, the agency failed to ensure its QAPI program addressed infection control and fall prevention in 4 (1st, 2nd, 3rd, and 4th of 2012) of 4 quarters reviewed creating the potential to affect all of the agency's 39 current patients.</p> <p>The findings include:</p> <p>1. The agency's administrative records for the time frame January 2012 to December 2012 included incident reports that identified 13 patient falls had been reported. The agency's QAPI documentation for the 1st, 2nd, 3rd, and 4th quarters of 2012 failed to evidence the agency had evaluated the causes and circumstances of the falls and had</p>	N000472	<p>1. The Agency has developed a Quality Assurance Annual Plan that addresses all reported falls. The Agency has developed a Quality Assurance Annual Plan that addresses infection control practices and compliance with standard precautions. 2. Reported falls will be monitored and evaluated for the cause and circumstance of each fall. A performance improvement plan will be developed to address each fall. All clinical field staff will receive mandatory education and be competency checked regarding infection control practices and standard precautions. 100% of clinical field staff will be competency checked by June 21, 2013. 3. The Administrator in co-operation with the Director of Clinical Services will be responsible for addressing falls and infection control practices and compliance with</p>	03/27/2013			

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	<p>implemented a performance improvement plan to address the patient falls.</p> <p>The administrator, employee F, stated, on 3-21-13 at 9:25 AM, "We have not addressed patient falls in our QA program."</p> <p>2. The agency's QAPI program documentation failed to evidence the agency had developed a program that addressed infection control practices and compliance with standard precautions.</p> <p>A. Non-compliance with standard precaution practices were observed during 2 of 2 home visits. (See N 470).</p> <p>B. The administrator, employee F, stated, on 3-21-13 at 9:25 AM, "We have not addressed infection control practices in our QA program."</p>		standard precautions. 4. The deficiency is corrected as of March 27, 2013				

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N000524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review and interview, the agency failed to ensure the plan of care included all medications and frequency of visits in 2 (#s 1 and 3) of 6 records reviewed creating the potential to affect all of the agency's 39 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record number 1 included a "Medication Profile" that evidenced it had 	N000524	<p>1.The Administrator has in-serviced the nursing supervisor regarding including all medications and frequency of visits on the plan of care. 2. 10% of all charts will be audited quarterly for evidence of compliance all medication and frequency of visits are included in the plan of care. 3. The Director of Clinical Services will be responsible for including medications and frequency of visits on plans of care and auditing charts for</p>	03/27/2013			

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	<p>been reviewed by the RN on 11-13-12. The medication profile identified the patient was on Oxybutynin 5 milligrams by mouth three times per day for incontinence.</p> <p>A. The plan of care, established by the physician for the certification period 2-13-13 to 4-19-13, failed to include the Oxybutynin.</p> <p>B. The supervising nurse, employee G, stated, on 3-21-13 at 8:55 AM, "It [the medication] is not there [on the plan of care]."</p> <p>2. Clinical record number 3 included a plan of care established by the physician for the certification period 12-21-12 to 2-18-12 that identified respite skilled nursing was to be provided but failed to include the frequency of the skilled nurse visits.</p>		compliance.4. The deficiency was corrected on 3/27/2013	

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N000529	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) A written summary report for each patient shall be sent to the: (A) physician; (B) dentist; (C) chiropractor; (D) optometrist or (E) podiatrist; at least every two (2) months. Based on clinical record review and interview with agency staff, the agency failed to ensure written summary reports had been sent to the physician at least every 2 months in 2 (#s 1 and 2) of 5 records reviewed of patients that had been on service for longer than 2 months creating the potential to affect all of the agency's patients on service longer than 2 months.</p> <p>The findings include:</p> <p>1. Clinical record number 1 evidenced a start of care date of 7-19-07. The record failed to evidence a written summary report that included a clinical synopsis of the pertinent factors from the clinical notes had been provided to the physician for the certification period 12-18-12 to 2-18-13.</p> <p>2. Clinical record number 2 evidenced a start of care date of 1-2-13. The record failed to evidence a written summary report that included a clinical synopsis of</p>	N000529	<p>1. The Administrator has in-serviced the supervising nurse regarding including a clinical synopsis of pertinent factors from the clinical notes will be included on the written summary report provided to the physician for recertification of care.2. 10% of all clinical records will be audited for evidence of compliance with including clinical synopsis of pertinent factors from the clinical notes on the written summary report provided to the physician for recertification of care.3. The Director of Clinical Services will be responsible for auditing clinical records for compliance. The Administrator will provide over-site4. The POC was corrected 03/27/2013</p>	03/27/2013			

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	<p>the pertinent factors from the clinical notes had been provided to the physician for the certification period 1-2-13 to 3-2-13.</p> <p>3. The administrator, employee F, and the supervising nurse, employee G, were unable to provide any additional documentation and/or information when asked on 3-21-13 at 8:35 AM.</p>			