STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157471	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME HEALTH CRUSADERS INC	5465 US HWY 6 PORTAGE, IN 46368

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	This was a federal home health recertification survey. Survey dates: 10-9-12 to 10-12-12 Facility: IN009404. Medicaid #: 200097310A Medicare #: 157471. Surveyor: Janet Brandt, RN PHNS. Records reviewed: Active records: 8. Closed records: 2. Total: 10. Total unduplicated admissions: 99 Quality Review: Joyce Elder, MSN, BSN, RN October 17, 2012	G0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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G0121	484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. Based on observation, interview, and policy review, the agency failed to ensure staff followed infection control procedures for 1 of 4 (#1) skilled visits observed with the potential to affect all patients receiving skill nursing wound care from the agency. Findings include 1. Clinical record #1, start of care (SOC) 5-9-11, included a plan of care (POC) for certification period 8-31-12 to 10-29-12 that has physician orders for "Assess decubitus every visit and perform decubitus care. Cleanse with NS (Normal Saline), blot dry, apply Silvadene, 4X4, Kerlix wrap and tape." On 10-10-12 at 8:20 A.M. Employee C was observed providing wound care to a Stage II decubitus ulcer on the bottom of the right foot for patient #1. Employee C sanitized hands and took patient's vital signs. Employee C washed hands in the kitchen, applied gloves, and proceeded to remove the soiled dressing	G0121	The Director of Nursing has inserviced employee C and the rest of the nursing staff regarding agency's infection control policy on wound care and handwashing.Emphasis was provided to discard the gloves used to remove the soiled dressing, then sanitize or wash hands and put on new set of gloves prior to cleansing the wound. Apply treatment as ordered by physician. Soileddressings, tapes, and gloves must be discarded in a waterproof or plastic bag. The bag containing soiled stuff must not be placed next to the clean supply box or clean wound care supplies. Note skin, wound condition and characteristics of drainage if present. The Director of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	10/25/2012

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	from the bottom of the right foot. Employee C placed a plastic bag on the floor next to the clean supply box and shoved the soiled dressing into the bottom of the plastic bag. Employee C failed to sanitize hands or apply another set of gloves prior to cleansing the wound with a 2x2 soaked with NS. Employee C then applied Silvadene cream to the end of a wooden stick and applied the cream to the wound. Next Employee C picked up and opened the packet containing a clean dressing, applied the dressing to the wound, and applied kerlix and tape 2. Review of the Indiana Administrative Code 410 IAC 1-4-8 : Precautions generally. Authority: IC 16-41-11-9 Affected: IC 16-19; IC 16-41-11. Sec. 8, (7): Hand hygiene shall be performed before and after touching a potential source, before a clean or aseptic procedure, after a risk of body fluid exposure, after contact with inanimate surfaces and objects in the immediate vicinity of a potential source, and after removing gloves. (8): The use of gloves shall not replace the need for hand hygiene. 3. At 8:30 AM on 10-10-12, Employee C verbalized the care done on this date was done according to the Plan of Care and			

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	agency protocol. 4. Policy #1500, indicated as the current policy in use per Employee B at 10:30 AM CST on 10-11-12, stated, "Procedure: ... #6-Discard soiled dressing and tape in a waterproof disposal bag. #7-Remove gloves and dispose in disposal bag. #8-Note skin and wound condition and characteristics of drainage if present. #9-Wash hands and put on sterile gloves." Per interview with Employee B at 10:30 AM CST, employees are supposed to sanitize hands and apply new gloves to apply a clean dressing after removal of the soiled dressing.			

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N0000	This visit was for a state home heath agency relicensure survey. Survey Dates: October 9, 10, 11, and 12, 2012. Facility #: IN009404. Medicaid Vendor #: 200097310A. Surveyor: Janet Brandt, RN, PHNS Unduplicated Census: 38 Number of records reviewed: 10. Number of active records reviewed: 8. Number of closed records reviewed: 2. Total unduplicated admissions: 99. Quality Review: Joyce Elder, MSN, BSN, RN October 17, 2012	N0000		

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N0470	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. Based on observation, interview, and policy review, the agency failed to ensure staff followed infection control procedures for 1 of 4 (#1) skilled visits observed with the potential to affect all patients receiving skill nursing wound care from the agency. Findings include 1. Clinical record #1, start of care (SOC) 5-9-11, included a plan of care (POC) for certification period 8-31-12 to 10-29-12 that has physician orders for "Assess decubitus every visit and perform decubitus care. Cleanse with NS (Normal Saline), blot dry, apply Silvadene, 4X4, Kerlix wrap and tape." On 10-10-12 at 8:20 A.M. Employee C was observed providing wound care to a Stage II decubitus ulcer on the bottom of the right foot for patient #1. Employee C sanitized hands and took patient's vital signs. Employee C washed	N0470	The Director of Nursing has inserviced employee C and the rest of the nursing staff regarding agency's infection control policy on wound care and handwashing. Emphasis was provided to discard the gloves used to remove the soiled dressing, then sanitize or wash hands and put on new set of gloves prior to cleansing the wound. Apply treatment as ordered by physician. Soiled dressings, tapes, and gloves must be discarded in a waterproof or plastic bag. The bag containing soiled stuff must not be placed next to the clean supply box or clean wound care supplies. Note skin, wound condition and characteristics of drainage if present. The Director of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	10/25/2012

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	hands in the kitchen, applied gloves, and proceeded to remove the soiled dressing from the bottom of the right foot. Employee C placed a plastic bag on the floor next to the clean supply box and shoved the soiled dressing into the bottom of the plastic bag. Employee C failed to sanitize hands or apply another set of gloves prior to cleansing the wound with a 2x2 soaked with NS. Employee C then applied Silvadene cream to the end of a wooden stick and applied the cream to the wound. Next Employee C picked up and opened the packet containing a clean dressing, applied the dressing to the wound, and applied kerlix and tape 2. Review of the Indiana Administrative Code 410 IAC 1-4-8 : Precautions generally. Authority: IC 16-41-11-9 Affected: IC 16-19; IC 16-41-11. Sec. 8, (7): Hand hygiene shall be performed before and after touching a potential source, before a clean or aseptic procedure, after a risk of body fluid exposure, after contact with inanimate surfaces and objects in the immediate vicinity of a potential source, and after removing gloves. (8): The use of gloves shall not replace the need for hand hygiene. 3. At 8:30 AM on 10-10-12, Employee C			

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	verbalized the care done on this date was done according to the Plan of Care and agency protocol. 4. Policy #1500, indicated as the current policy in use per Employee B at 10:30 AM CST on 10-11-12, stated, "Procedure: ... #6-Discard soiled dressing and tape in a waterproof disposal bag. #7-Remove gloves and dispose in disposal bag. #8-Note skin and wound condition and characteristics of drainage if present. #9-Wash hands and put on sterile gloves." Per interview with Employee B at 10:30 AM CST, employees are supposed to sanitize hands and apply new gloves to apply a clean dressing after removal of the soiled dressing.			