

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K025	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL SUPPORT HOME HEALTH AGENCY	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 WEST MILL STREET SUITE B MIDDLETOWN, IN 47356
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G 000 Bldg. 00	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey dates: May 18, 19, and 20, 2015 Partial extended dates: May 19 and 20, 2015</p> <p>Facility number: 011160</p> <p>Medicaid number: 200836920</p> <p>Census Service Type: Skilled: 36 Home Health Aide Only: 276 Personal Care Only: 0 Total: 312</p> <p>Sample: RR w/HV: 6 RR w/o HV: 7 Total: 13</p> <p>QR: JE 5/22/15</p>	G 000		
G 121 Bldg. 00	<p>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</p>			

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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	<p>furnishing services in an HHA.</p> <p>Based on observation, policy review, and interview, the agency failed to ensure all staff followed infection control policies and procedures for 1 of 6 home visit observations. (#4)</p> <p>Findings include</p> <p>1. On 5/20/15 at 8:30 AM, employee E, a home health aide (HHA), was observed providing oral care and a shower for patient # 4. Employee E failed to change gloves in between tasks on the same patient, failed to change gloves after providing oral care to the patient, failed to change gloves after providing perineal care and prior to finishing shower, failed to wash perineal area prior to washing buttocks/rectal area, failed to change gloves prior to changing own shoes and after changing own shoes, and failed to change gloves prior to handing patient dentures after washing patient in shower and before rinsing patient.</p> <p>A. Employee E assisted patient # 4 with denture care, cleaned dentures and placed in denture cup. Employee E failed to change gloves after providing care and before beginning shower.</p> <p>B. During the shower, employee E washed the patient's torso, arms, legs,</p>	G 121	<p>G0121</p> <p>On 5/27/15 The facility reviewed the P&P for undated procedures and no number on policy. The P&P did contain dates for "updates", "reviewed" and "approved" in the footer of each page. Each policy contains a number assignment in the header of each policy. When the Administrator was providing copies to the surveyor the header and footer did not copy/paste to the document provided. The Administrator or designee will ensure that all P&P's requested by the surveyor will include "dates" and "numbers".</p> <p>On 5/22/15 Employee "E" received a corrective action form for failing to follow infection control policies and procedures. Employee "E" received one-on-one training from supervisor on proper bathing techniques, changing gloves, hand washing, oral care, applying lotion, proper techniques on cleaning buttock/rectal area and perineal area and contaminated areas. Documentation of training has been placed in personnel file.</p> <p>On 5/29/15 Employee "E" received an onsite supervisory visit to monitor bathing techniques and procedures. Employee "E" was observed providing proper bathing techniques and procedures. ASV completed and follow-up to corrective action</p>	07/31/2015	

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	<p>feet, and buttocks/rectal area, then proceeded to wash the patient's perineal area with the same bath cloth/poof. Employee E failed to wash from front to back.</p> <p>C. After washing the patient's body, employee E asked patient if they wanted their dentures, then proceeded to rinse gloves in sink, picked up denture cup and rinsed cleanser from dentures, then handed the upper dentures to the patient to place in mouth.</p> <p>D. Employee E took patient to bedroom after shower, and assisted patient to bed per Hoyer lift. Employee E failed to change gloves, and proceeded to remove her own water proof shoes, put on socks and another pair of shoes, then removed own glasses and placed in bag. Employee E failed to remove gloves and wash hands or use hand sanitizer prior to proceeding with patient care.</p> <p>E. Employee E applied lotion to patient's arms, dried patient's hands and fingers, dried patient's feet and toes, then proceeded to apply cream to patient's feet, and then to patient's hands. Employee E failed to change gloves prior to obtaining cream from container, and failed to change gloves prior to moving from feet to hands.</p>		<p>form placed in Employee "E's" personnel file.</p> <p>On 6/11/15 An additional in-service on infection control policy and procedure; including (but not limited to) hand washing, proper bathing techniques, changing gloves, oral care, applying lotion, proper techniques on cleaning buttock/rectal area and perineal area and contaminated areas to all staff. July 2015 the focus for ASV's will be infection control review and training.</p> <p>On 5/29/15 The surveyors findings were added to improve the Employee Handbook as an example of infection control/proper bathing techniques step by step, with pictures. During orientation of all new staff - the example of the surveyors findings on what "NOT" to do will be trained and the proper techniques will be presented.</p> <p>All to be completed by July 31, 2015 and ongoing</p> <p>Responsible: Administrator, Alt. Administrator, DON, Alt. DON and Compliance Officer</p>	

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	<p>F. Employee E dried patient's perineal area, reached into container to obtain more cream, and applied to perineal area. Employee E failed to change gloves, wash hands or use hand sanitizer prior to reaching into cream container.</p> <p>G. Employee E continued to dress patient, applied lotion to patient's back, then proceeded to use baby wipes to clean patient's buttocks/rectal area of bowel movement smear, dried buttocks/rectal area, then reached into cream container and applied cream to buttocks/rectal area, applied deodorant to patient's arm pits, then hooked bra. Employee E then proceeded to apply body spray on gloves and applied to patient's upper torso. Employee E failed to change gloves and wash hands or use hand sanitizer after cleaning buttocks/rectal area of bowel movement smear and prior to applying cream, deodorant, and body spray to patient.</p> <p>H. Employee E failed to change gloves, wash hands, or use hand sanitizer for the entire visit and through dressing the patient.</p> <p>2. During interview on 5/20/15 at 11:40 AM, employee A, the administrator, indicated employees should be changing</p>			

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	<p>gloves and washing hands or use hand sanitizer between each task on the same patient.</p> <p>3. The agency's policy titled "Standard Precautions for All Health Care Workers," no number, approved 8/15/14, states, "3. Gloves, ... m. When wearing gloves, change or remove gloves in the following situations: during patient care if moving from a contaminated body site to a clean body site within the same patient; after touching a patient; after touching a contaminated site and before touching a clean site or the environment. ... Gloves must be changed when moving from one area to the next area. ... Gloves must be changed when providing and leaving personal care. Gloves must be changed when contaminated. ... Correct Gloving Practice ... Do not wear gloves for any longer than necessary. .. Most importantly, clinical gloves are designed to be "single use." They should be changed between residents or procedures to prevent the risk of cross-infection, and should NEVER be re-used or washed. "</p> <p>4. The agency's policy titled "Handwashing/Hand Hygiene," no number, approved 8/15/14, states, "3. Indications for hand washing and hand antisepsis: ... c. When there is prolonged or intense contact with the</p>			

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G 158 Bldg. 00	<p>client (bathing the client). d. Between tasks on the same client. ... g. After touching objects that are potentially contaminated. ... p. Decontaminate hands after contact with client's intact skin, after contact with body fluids, excretions, non intact skin. q. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client."</p> <p>5. The agency's undated procedure titled "Topic 17: Bathing," states, "4. Perineal care means cleaning the genital and anal area to prevent infection and odor and improve the resident's comfort. ... When performing perineal care: ... b. Follow Standard Precautions. Clean from front to back. ... 6 HHA's role: ... g. Wash from cleanest to dirtiest."</p> <p>6. The agency's undated procedure titled "Procedure 26: Denture Care," states, "3. Put on gloves. ... 13. Help resident place dentures in mouth if requested. ... 14. Remove gloves, 15. Do final steps."</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a</p>			

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	<p>doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the frequency of visits was 1 or more per discipline ordered for 3 of 12 records reviewed. (# 1, 3, and 4)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. Clinical record #1, start of care (SOC) date 9/27/13, contained a plan of care (POC) dated 3/21-5/19/15 with orders for skilled nurse (SN) 1-3 hours per day, 2 days a week, for 9 weeks; home health aide (HHA) 2 hours a day, 7 days a week for 9 weeks; and respite HHA (RHHA) 0-16 hours per month, as requested. The frequency for the RHHA failed to be above 0. 2. Clinical record # 3, SOC date 1/21/10, contained a POC with orders for SN 1-10 hours a day, 5 days a week for 9 weeks; and Respite SN 0-20 hours per month, as requested. The frequency for the RSN failed to be above 0. 3. Clinical record # 4, SOC date 6/12/13, contained a POC dated 4/3-6/1/15 with orders for HHA 2 2 hour visits, 7 days a week for 9 weeks; and RHHA 0-60 hours per month, as requested. The frequency for the RHHA failed to be above 0. 	G 158	<p>G0158 On 5/19/15 Thefacility reviewed the P&P titled "Plan of Care" and added "0" is not afrequency. On 5/19/15 Thefacility reviewed every client with Respite Services and corrected the Plan ofCare to read "1 – (hrs specific to client) x total months, as requested". Each plan of care was corrected and typed andsubmitted to doctor. On 5/19/15 All staffwere notified and trained on the corrected "Type, frequency, and duration of all visits and services. Proceduresmanual was updated and corrected on "Type, frequency, and duration of visitsand services (including "0" is not a frequency). All new staff will be trained/orientated on "Type, frequency, and duration of visits andservices (including "0" is not a frequency). On 5/20/15 Thefacility provided copies to surveyor of each corrected Plan of Care and Faxconfirmations to doctors, with some signed and returned by doctors in less than24 hours. Completed on 5/19/15 and ongoing</p> <p>Responsible: Administrator, Alt. Administrator, DON, Alt. DON and Compliance Officer</p>	05/22/2015

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G 321 Bldg. 00	<p>4. During interview on 5/19/15 at 3:00 PM, employee A, the administrator, indicated the agency has always done it this way.</p> <p>5. The agency's policy titled "Plan of Care," # C-580, approved 8/15/14, states, "2. The Plan of Care shall be completed in full to include: ... c. Type, frequency, and duration of all visits/services."</p> <p>484.20(a) ENCODING OASIS DATA The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set. Based on Indiana State Department of Health (ISDH) document review, policy review, and interview, the agency failed to ensure Outcome Assessment Information Set (OASIS) data had been transmitted to the state agency within 30 days after the assessment was completed for 4 of 13 clinical records reviewed of patients whose OASIS data should have been transmitted. (# 5, 6, 8, and 13)</p> <p>Findings include</p> <p>1. The ISDH CASPER report dated</p>	G 321	<p>G0321 On 5/22/15 Employee "B"the Alternate Administrator provided additional training to Office Manager, DON,and Administrator on J-Haven and reports. On 5/22/15 Employee "B"and the Office Manager reviewed each client for submission of Oasis. On 5/30/15 Employee "B" and the Office Manager submitted allOasis and received confirmation as evidence. On 6/1/15 The DON, Alt Don, Administrator, Alt.Administrator, PA Specialist, Admission Nurse, Filing/Typing Clerk met toreview</p>	06/01/2015

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	<p>11/1/14-4/30/15 evidenced the agency failed to submit information monthly, and evidenced the agency failed to submit OASIS information for January and February, 2015.</p> <p>2. During interview on 5/18/15 at 12:55 PM, employee B, the alternate administrator, indicated the agency did submit in January and February, the reports said everything went through, and then ISDH called asking where it was. Employee B indicated the change to J-Haven caused the agency to have to re-submit all the information for January and February.</p> <p>3. The OASIS Agency Final Validation Report (FVR) dated 5/9/15 for patient #5, start of care date (SOC) 7/24/14, evidenced the recertification assessment OASIS information for 3/19/15 was not submitted until 5/9/15, over 30 days after M0090 indicated the assessment had been completed.</p> <p>4. The OASIS Agency FVR dated 4/9/15 for patient #6, SOC 7/4/14, evidenced the recertification OASIS information for 12/25/14 was not submitted until 4/9/15, over 30 days after M0090. This FVR failed to evidence the recertification assessment for 2/25/15 had been submitted as of 4/9/15, over 30 days after</p>		<p>trackers to ensure all Oasis are submitted timely. Trackers were updated to track the process of Oasis (thru disciplines) and ensure completion within 7 days. Every Monday at 8:30 am the above team will meet to ensure that Oasis are submitted timely. The Office Manager will provide a weekly report on Mondays at 8:30 am of submitted Oasis' with evidence from J-Haven that the Oasis has been submitted within 7 days. The team will review trackers back to Oasis reports for accuracy and timeliness. If an Oasis is determined untimely, the tracking system will track the dates and staff that created the delay. The staff creating the delay will receive a corrective action and a plan to address any future delays. The tracking systems start with referral/admission and end at filing a submitted/completed Oasis. On 6/1/15 The Filing/Typist Clerk's desk was moved next to the door of the filing room. Prior to the surveyors finding: a sign in and out sheet is placed on the door of the filing room for documents that are removed and returned. The sheet has been updated to only indicate removal of documents from the filing room. The Filing/Typist Clerk will now track documents that are removed and returned. In the absence of the Filing/Typist Clerk, the Scheduler will track</p>				

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	<p>M0090 indicated the assessment had been completed.</p> <p>5. Clinical record #8, SOC 1/24/14, evidenced the patient was transferred to the hospital on 4/9/15, and the agency performed a resumption of care on 4/13/15.</p> <p>A. During interview on 5/20/15 at 2:00 PM, employee A, the administrator, patient #8's resumption of care assessment dated 4/13/15 had been turned in to the agency on time, but for some reason the nurse came back in and picked it up and still had it with her yesterday until they called, so she brought it in for review.</p> <p>B. The OASIS Agency FVR for patient #8 was not provided as requested.</p> <p>6. Clinical record # 13 evidenced the patient was transferred to an inpatient facility on 4/9/15, and evidenced the agency completed the OASIS transfer assessment.</p> <p>The OASIS Agency FVR dated 4/9/15 for patient #13, SOC 7/15/10, evidenced the recertification OASIS information for 12/19/14 and 2/18/15 were not submitted until 4/10/15, over 30 days after M0090 indicated the</p>		<p>documents removed from the filing room and the sign out sheet on the filing door will be a secondary plan when the Filing/Typist or Scheduler are not available. The Filing/Typist Clerk will ensure that all documents are returned within 24 hours when removed. The Filing/Typist Clerk will be responsible for all filing. The Filing/Typist Clerk will also track (as part of the Team) that the Oasis is submitted and filed timely and report to the Team on Mondays at 8:30 am.</p> <p>On 6/1/15 The P&P was updated to include the tracking process of Oasis for timely submission and removal, returning and filing of all documents.</p> <p>Completed on 6/1/15 and ongoing Responsible: Administrator, Alt. Administrator, DON, Alt. DON, Filing/Typing Clerk, Admission Nurse, Office Manager and PA Specialist.</p>				

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N 000 Bldg. 00	<p>assessment had been completed. This FVR failed to evidence the discharge to inpatient facility for 4/9/15 had been submitted as of 5/20/15, over 30 days after M0090 indicated the assessment had been completed.</p> <p>7. During interview on 5/20/15 at 2:00 PM, employee A indicated the agency could not obtain a FVR for patient #8 because they have not yet submitted the information. Employee A indicated the agency is behind on submissions due to the J-Haven change.</p> <p>8. The agency's policy titled "Encoding and Reporting OASIS Data," no number, approved 8/15/14, states "1. ISHHA will encode individual client assessment/reassessment data within (7) days of completing the comprehensive assessment. ... 3. Encoding of all OASIS data must be completed (locked) to accurately complete the information necessary to send Medicare claims under the prospective payment system."</p> <p>This was a state home health licensure</p>	N 000		

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N 470 Bldg. 00	<p>survey.</p> <p>Survey dates: May 18, 19, and 20, 2015</p> <p>Facility number: 011160</p> <p>Medicaid number: 200836920</p> <p>Census Service Type: Skilled: 36 Home Health Aide Only: 276 Personal Care Only: 0 Total: 312</p> <p>Sample: RR w/HV: 6 RR w/o HV: 7 Total: 13</p> <p>QR: JE 5/22/15</p> <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, policy review, and interview, the agency failed to ensure all staff followed infection control policies and procedures for 1 of 6 home visit observations. (#4)</p>	N 470	<p>N470 On 5/27/15 The facility reviewed the P&P for undated procedures and no number on policy. The P&P did contain dates for "updates", "reviewed" and</p>	07/31/2015

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	<p>Findings include</p> <p>1. On 5/20/15 at 8:30 AM, employee E, a home health aide (HHA), was observed providing oral care and a shower for patient # 4. Employee E failed to change gloves in between tasks on the same patient, failed to change gloves after providing oral care to the patient, failed to change gloves after providing perineal care and prior to finishing shower, failed to wash perineal area prior to washing buttocks/rectal area, failed to change gloves prior to changing own shoes and after changing own shoes, and failed to change gloves prior to handing patient dentures after washing patient in shower and before rinsing patient.</p> <p>A. Employee E assisted patient # 4 with denture care, cleaned dentures and placed in denture cup. Employee E failed to change gloves after providing care and before beginning shower.</p> <p>B. During the shower, employee E washed the patient's torso, arms, legs, feet, and buttocks/rectal area, then proceeded to wash the patient's perineal area with the same bath cloth/poof. Employee E failed to wash from front to back.</p>		<p>"approved" in the footer of each page. Each policy contains a number assignment in the header of each policy. When the Administrator was providing copies to the surveyor the header and footer did not copy/paste to the document provided. The Administrator or designee will ensure that all P&P's requested by the surveyor will include "dates" and "numbers".</p> <p>On 5/22/15 Employee "E" received a corrective action form for failing to follow infection control policies and procedures. Employee "E" received one-on-one training from supervisor on proper bathing techniques, changing gloves, hand washing, oral care, applying lotion, proper techniques on cleaning buttock/rectal area and perineal area and contaminated areas. Documentation of training has been placed in personnel file.</p> <p>On 5/29/15 Employee "E" received an onsite supervisory visit to monitor bathing techniques and procedures. Employee "E" was observed providing proper bathing techniques and procedures. ASV completed and follow-up to corrective action form placed in Employee "E's" personnel file.</p> <p>On 6/11/15 An additional in-service on infection control policy and procedure; including (but not limited to) hand washing, proper bathing</p>		

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	<p>C. After washing the patient's body, employee E asked patient if they wanted their dentures, then proceeded to rinse gloves in sink, picked up denture cup and rinsed cleanser from dentures, then handed the upper dentures to the patient to place in mouth.</p> <p>D. Employee E took patient to bedroom after shower, and assisted patient to bed per Hoyer lift. Employee E failed to change gloves, and proceeded to remove her own water proof shoes, put on socks and another pair of shoes, then removed own glasses and placed in bag. Employee E failed to remove gloves and wash hands or use hand sanitizer prior to proceeding with patient care.</p> <p>E. Employee E applied lotion to patient's arms, dried patient's hands and fingers, dried patient's feet and toes, then proceeded to apply cream to patient's feet, and then to patient's hands. Employee E failed to change gloves prior to obtaining cream from container, and failed to change gloves prior to moving from feet to hands.</p> <p>F. Employee E dried patient's perineal area, reached into container to obtain more cream, and applied to perineal area. Employee E failed to change gloves, wash hands or use hand sanitizer prior to</p>		<p>techniques, changing gloves, oral care, applying lotion, proper techniques on cleaning buttock/rectal area and contaminated areas to all staff. July 2015 the focus for ASV's will be infection control review and training. On 5/29/15 The surveyors findings were added to improve the Employee Handbook as an example of infection control/proper bathing techniques step by step, with pictures. During orientation of all new staff - the example of the surveyors findings on what "NOT" to do will be trained and the proper techniques will be presented. All to be completed by July 31, 2015 and ongoing Responsible: Administrator, Alt. Administrator, DON, Alt. DON and Compliance Officer</p>		

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	<p>reaching into cream container.</p> <p>G. Employee E continued to dress patient, applied lotion to patient's back, then proceeded to use baby wipes to clean patient's buttocks/rectal area of bowel movement smear, dried buttocks/rectal area, then reached into cream container and applied cream to buttocks/rectal area, applied deodorant to patient's arm pits, then hooked bra. Employee E then proceeded to apply body spray on gloves and applied to patient's upper torso. Employee E failed to change gloves and wash hands or use hand sanitizer after cleaning buttocks/rectal area of bowel movement smear and prior to applying cream, deodorant, and body spray to patient.</p> <p>H. Employee E failed to change gloves, wash hands, or use hand sanitizer for the entire visit and through dressing the patient.</p> <p>2. During interview on 5/20/15 at 11:40 AM, employee A, the administrator, indicated employees should be changing gloves and washing hands or use hand sanitizer between each task on the same patient.</p> <p>3. The agency's policy titled "Standard Precautions for All Health Care</p>			

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	<p>Workers," no number, approved 8/15/14, states, "3. Gloves, ... m. When wearing gloves, change or remove gloves in the following situations: during patient care if moving from a contaminated body site to a clean body site within the same patient; after touching a patient; after touching a contaminated site and before touching a clean site or the environment. ... Gloves must be changed when moving from one area to the next area. ... Gloves must be changed when providing and leaving personal care. Gloves must be changed when contaminated. ... Correct Gloving Practice ... Do not wear gloves for any longer than necessary. .. Most importantly, clinical gloves are designed to be "single use." They should be changed between residents or procedures to prevent the risk of cross-infection, and should NEVER be re-used or washed. "</p> <p>4. The agency's policy titled "Handwashing/Hand Hygiene," no number, approved 8/15/14, states, "3. Indications for hand washing and hand antisepsis: ... c. When there is prolonged or intense contact with the client (bathing the client). d. Between tasks on the same client. ... g. After touching objects that are potentially contaminated. ... p. Decontaminate hands after contact with client's intact skin, after contact with body fluids,</p>			

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N 522 Bldg. 00	<p>excretions, non intact skin. q. Decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client."</p> <p>5. The agency's undated procedure titled "Topic 17: Bathing," states, "4. Perineal care means cleaning the genital and anal area to prevent infection and odor and improve the resident's comfort. ... When performing perineal care: ... b. Follow Standard Precautions. Clean from front to back. ... 6 HHA's role: ... g. Wash from cleanest to dirtiest."</p> <p>6. The agency's undated procedure titled "Procedure 26: Denture Care," states, "3. Put on gloves. ... 13. Help resident place dentures in mouth if requested. ... 14. Remove gloves, 15. Do final steps."</p> <p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record review, policy review, and interview, the agency failed to ensure the frequency of visits was 1 or more per discipline ordered for 3 of 12 records reviewed. (# 1, 3, and 4)</p> <p>Findings include</p>	N 522	<p>N0522 On 5/19/15 The facility reviewed the P&P titled "Plan of Care" and added "0" is not a frequency. On 5/19/15 The facility reviewed every client with Respite Services and corrected the Plan of Care to read "1 – (hrs specific to client) x total months, as requested".</p>	05/22/2015

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	<p>1. Clinical record #1, start of care (SOC) date 9/27/13, contained a plan of care (POC) dated 3/21-5/19/15 with orders for skilled nurse (SN) 1-3 hours per day, 2 days a week, for 9 weeks; home health aide (HHA) 2 hours a day, 7 days a week for 9 weeks; and respite HHA (RHHA) 0-16 hours per month, as requested. The frequency for the RHHA failed to be above 0.</p> <p>2. Clinical record # 3, SOC date 1/21/10, contained a POC with orders for SN 1-10 hours a day, 5 days a week for 9 weeks; and Respite SN 0-20 hours per month, as requested. The frequency for the RSN failed to be above 0.</p> <p>3. Clinical record # 4, SOC date 6/12/13, contained a POC dated 4/3-6/1/15 with orders for HHA 2 2 hour visits, 7 days a week for 9 weeks; and RHHA 0-60 hours per month, as requested. The frequency for the RHHA failed to be above 0.</p> <p>4. During interview on 5/19/15 at 3:00 PM, employee A, the administrator, indicated the agency has always done it this way.</p> <p>5. The agency's policy titled "Plan of Care," # C-580, approved 8/15/14, states, "2. The Plan of Care shall be completed</p>		<p>Each plan of care was corrected and typed and submitted to doctor.</p> <p>On 5/19/15 All staff were notified and trained on the corrected "Type, frequency, and duration of all visits and services. Procedures manual was updated and corrected on "Type, frequency, and duration of visits and services (including "0" is not a frequency). All new staff will be trained/orientated on "Type, frequency, and duration of visits and services (including "0" is not a frequency).</p> <p>On 5/20/15 The facility provided copies to surveyor of each corrected Plan of Care and Fax confirmations to doctors, with some signed and returned by doctors in less than 24 hours. Completed on 5/19/15 and ongoing</p> <p>Responsible: Administrator, Alt. Administrator, DON, Alt. DON and Compliance Officer</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	in full to include: ... c. Type, frequency, and duration of all visits/services."				