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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K026 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/05/2012 |
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| NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES INC | STREET ADDRESS, CITY, STATE, ZIP CODE 335 W 84TH ST MERRILLVILLE, IN 46410 |
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| G0000 | <p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: 10/31/12 - 11/5/12</p> <p>Facility #: 4862</p> <p>Medicaid #: 200857630</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census: 15 Home health aide only patients: 35</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 9, 2012</p> | G0000 | | |

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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| G0101 | <p>484.10 PATIENT RIGHTS The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights.</p> <p>Based on home visit observation, review of the clinical records and agency procedures, and interview, the home health agency failed to protect and promote the right of dignity and personal privacy for 1 of 3 home visit observations (patient #3) with a home health aide with the potential to affect all the patients receiving care from Employee I.</p> <p>Findings</p> <p>1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide (HHA), was observed to give a bed bath to patient #3. While Employee I washed the patient's chest and genital area, the patient was not draped for privacy. The patient indicated being cold while the chest was washed.</p> <p>2. Clinical record #3, start of care 5/3/12, contained a document titled "Home Health Care Patient Rights and Responsibilities" that was signed by the patient and Employee O, Registered Nurse, on 5/3/12. The documented stated, "Home care patients have the right to ... Be treated with respect,</p> | | | G0101 | <p>Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employee I, regarding company policy on Patient Rights, dignity and maintaining privacy. This in-service will include company policy requirements as stated in policy HH-ERR-001.2 Patient Rights and Responsibilities. Direct caregivers will be required to complete on-line in-service education on Patient Rights and pass a post test with 80 % or greater to acknowledge understanding of respecting and maintaining patient rights, dignity and privacy during procedures. In-service education will be provided to the external employees on November 19, 2012 and all testing must be completed by December 15, 2012. Employee I has received verbal education regarding patient rights, and maintaining patient dignity and privacy during bathing from Director of Clinical Services on 11/14/12. To prevent this deficiency from recurring in the future, Clinical supervisors will observe and monitor staff providing patient care for adherence to patient's rights, dignity and privacy. This observation will take place during</p> | | 12/15/2012 |

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| | <p>consideration and recognition of the individual's dignity and individuality, including privacy in treatment and in care for personal needs."</p> <p>3. The undated agency procedure titled "Bathing the client (Home Health Aide Training)" with an electronic retrieval date of 11/2/12 stated, "Bathing is a very personal activity which most people do in private. It is important to remember this when assisting with bathing ... Provide as much privacy as you can. In a bed bath, uncover only the area being washed. As you move to another area, cover the area you have already washed."</p> <p>4. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated Employee I did not provide for privacy and dignity with the bed bath noted in finding #1.</p> | | <p>home supervisory visits when staff is present. The Clinical Supervisor will document the observation of staff on the Supervisory Visit note, along with effectiveness and any re-education, if appropriate.</p> | | | | |

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| G0121 | <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 furnishing services in an HHA.</p> <p>Based on home visit observation, policy and procedure review, and interview, the agency failed to ensure infection control policies were followed during 2 of 5 home visits (patient #3 and #5) with the potential to affect all patients seen by Employee E, Registered Nurse, and Employee I, Home Health Aide.</p> <p>Findings include</p> <p>1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide (HHA), was observed to give a bed bath to patient #3. Employee I washed her hands in the patient's bathroom sink and dried her hands on a bath towel hanging over a shower rod. She then filled two basins of water. Employee I brought the basins of water to the patient's bedside and proceeded to bathe the patient. During the bath, Employee I removed a soiled suprapubic catheter dressing and used sterile water on clean gauze to cleanse around the catheter site including wiping dried blood from a skin fold area near the catheter site. The sterile water to cleanse the suprapubic catheter site was poured</p> | G0121 | <p>Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employees I and E, regarding proper standards for hand hygiene. This in-service will include company policy requirements as stated in policy HH-ICS-005, as well as CDC Guidelines for Hand Hygiene in the Health Care setting. Direct caregivers will be required to complete and pass a post test with 80% or greater to acknowledge understanding of hand hygiene requirements. Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employees I and E, regarding proper procedure for bathing the client. This in-service will include company policy requirements as stated per VNAA Procedure Manual. Direct caregivers will be required to complete on-line in-service education on Bathing the Client and pass a post test with 80 % or greater to acknowledge understanding of bathing the client procedure. In-service education will be provided to the external employees on November 19,</p> | 12/15/2012 | | | |

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| | <p>from a Baxter sterile water 1 liter bottle with an expiration date of August 2010 kept at the patient's bedside. The aide applied a clean dressing. After this dressing change, the HHA continued bathing the patient with the two basins of bathing water. The aide washed the patient's genital area and then turned the patient onto the patient's right side and washed the buttocks and rectum with the same water and washcloth. With her gloved hands, the HHA picked up a small amount of feces on a disposable underpad and disposed of the feces and the soiled underpad into a nearby trash container and did not change her gloves or wash her hands before applying a clean chux under the patient. The HHA then proceeded to change the water in the basins but did not change the gloves or wash her hands before continuing the bath.</p> <p>On November 1, 2012, at 10:45 AM, Patient #3 indicated the sterile water was the original sterile water in the container.</p> <p>2. On November 1, 2012, at 1:20 PM, Employee E, Registered Nurse (RN), was observed to give a partial bath to patient #5. Employee E washed her hands and donned gloves prior to filling two basins with water. She placed one tub of water on the floor and the other in a trash can with waste articles. After washing bowel</p> | | <p>2012 and all testing must be completed by December 15, 2012. Employee I has received verbal education regarding proper hand hygiene and proper bathing from Director of Clinical Services on 11/14/12. Employee E has received verbal education regarding proper hand hygiene and bathing from Director of Clinical Services on 11/16/12. Director of Clinical Services will educate all Clinical Supervisors on company policy HH-ICS-005 regarding hand hygiene as well as CDC Guidelines for Hand Hygiene in the Health Care Setting. Clinical Supervisors will be required to complete and pass a post test with 80% or greater to acknowledge understanding of hand hygiene requirements. Director of Clinical Services will educate all Clinical Supervisors on company procedure regarding bathing the client as stated in the VNAA Manual. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. Clinical Supervisors must complete the hand hygiene post test with a passing score of 80% or greater by 11/23/12. To prevent this deficiency from recurring in the future, all direct caregivers will be observed performing hand hygiene during the initial competency at time of hire and at their annual competency requirement.</p> | | |

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| | <p>movement from the patient's rectum and buttocks area, Employee E changed her gloves without washing her hands before proceeding with the partial bath.</p> <p>3. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated Employees E and I, at the home visits observed in findings #1 and #2, did not follow policies and procedures of the agency and Employee I had been observed to use sterile water that was expired to cleanse a suprapubic catheter site. Employee A indicated the bath water violated infection control standards by being placed on the floor.</p> <p>4. The agency policy titled "Hand Hygiene" with an effective date of 4/22/11 stated, "Hand decontamination using an alcohol - based hand rub should be performed ... after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, if hands are not visibly contaminated, when moving from a contaminated body site to a clean body site during patient care ... after removing gloves ... Handwashing using soap and water soap and water ... Wet hands and apply the soap, and rub hands together vigorously, avoid use of hot water because repeated exposure to hot water may increase the risk of dermatitis. Wash hands for at least 15</p> | | <p>Furthermore, Clinical supervisors will observe and monitor staff providing patient care for adherence to proper hand hygiene and bathing procedure. This observation will take place during home supervisory visits when staff is present. The Clinical Supervisors will document the observation of staff on the Supervisory Visit note, along with effectiveness and any re-education, if appropriate.</p> | | | | |

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| | <p>seconds covering all surfaces of the hands and fingers. Rinse with water and dry the hands with a disposable towel from the fingers toward the forearm."</p> <p>5. The undated agency procedure titled "Bathing the Client (Home Health Aide Training)" with an access date of 11/2/12 stated, "Complete bed bath ... Assemble the necessary equipment on the bedside table ... Wash, rinse, and dry the client's abdomen being careful to include the umbilicus and skin creases ... Empty the wash basin, rinse, and refill it with clean water if it becomes soapy or cool ... Bend the knee and wash, rinse, and dry the leg and foot ... Assist the client to turn on his or her side so the back is toward you. Wash, rinse, and dry the client's back of neck, behind the ears, back and buttocks ... Empty the basin, rinse and refill it with clean water, and test it for proper temperature ... If the client is able to wash his or her own perianal area, provide a soapy washcloth, then a clean, wet cloth for the rinse, and a towel to dry. If the client is unable to do this, assist by washing the perineal area front to back to avoid infection."</p> | | | | | | |

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| G0131 | <p>484.14(b) GOVERNING BODY The governing body adopts and periodically reviews written bylaws or an acceptable equivalent.</p> <p>Based on document review and interview, the agency failed to ensure the governing body had reviewed the bylaws annually for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. A review of the governing body minutes for 2010 - 2012 failed to evidence the governing body had reviewed the bylaws annually. 2. The agency document titled "Merrillville Indiana Governing Body (GB) Minutes 12/21/2010" with a review date of 12/21/2010 stated, "Review Bylaws at least annually." This was signed by the Employee Q, past administrator, and the Employee P, secretary. 3. On 11/5/12 at 11 AM, Employee B, alternate administrator, indicated no review of the agency by-laws had occurred since 2010. | G0131 | The Director of Clinical Services and the Accounts Manager will review company policy HH-LGA-03 on Governing Body guidelines and hold a Governing Body Meeting with all members to address all requirements. This will be evidenced by the minutes of such meeting. This review of policy by Director of Clinical Services and Accounts Manager and Governing Body meeting occurred on 11/16/12, which included a review of the bylaws. To prevent this deficiency from recurring in the future the Director of Clinical Services and Accounts Manager will ensure that the annual Governing Body Meeting include the appointment of a qualified administrator, review of company bylaws and oversight of management and fiscal affairs of the agency as evidenced by meeting minutes and reviewed during the agency self audit process. | 11/16/2012 | |

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| G0172 | <p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse reevaluated the patient by the completion of a comprehensive assessment during the last 5 days of every 60 day period in 2 of 9 records reviewed (3 and 10) of patients on service for more than 60 days creating the potential to affect all of the agency's current 36 patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> 1. The agency policy titled "Oasis Collection and Transmission" with an effective date of 8/13/12 stated, "The Comprehensive Assessment Follow-up Version" must be completed within 5 days before the recertification date. For each follow-up, the assessments must be completed on or after the 56th and on or before the 60th day of the current certification period." 2. Clinical record #3, start of care 5/3/12, included a plan of care for the certification period 8/31/12 - 10/29/12. The record evidenced the comprehensive recertification assessment for this certification period was completed on | G0172 | <p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-024.3 OASIS Collection and Transmission and company policy HH-CL-013.2 Reassessments/Recertification. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. Further education including, but not limited to, review of reassessments, recertifications, care coordination, case conference and the supporting documentation/updates required with timeline was presented to Director of Clinical Services and Clinical Supervisors during an Area Clinical Supervisor Training presented by Toni Turner, Area Clinical Support, as evidenced by agenda and certificate of completion. This training took place on November 13, 2012 & November 14, 2012. To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record reviews.</p> | 11/15/2012 | | | |

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| | <p>9/13/12, 13 days late.</p> <p>3. Clinical record #10, start of care date of 11/20/08, included a plan of care for the certification period of 8/31/12 - 10/29/12. The record evidenced the comprehensive recertification assessment for this certification period was completed on 9/13/12, 13 days late.</p> | | | |

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| G0224 | <p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE</p> <p>Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>Based on home visit observation, clinical record review, and interview, the agency failed to ensure the registered nurse assigned appropriate tasks to the home health aide for 1 of 3 aide home visits observed (#3) with the potential to affect all patients with home health aide services.</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide, was observed to change a nonsterile dressing around a suprapubic catheter site on patient #3's abdominal region. This task is not in the aide's scope of practice. 2. Clinical record #3, start of care 5/3/12, contained an aide care plan updated and rewritten on 10/25/12 by Employee A, the director of clinical services and administrator. This document stated, "Catheter Care AM and PM." 3. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated | G0224 | <p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-008.2 Home Health Aide Plan of Care and Home Health Aide Scope of Practice. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record reviews.</p> | 11/15/2012 | | | |

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| | the Employee I did change the dressing at the suprapubic catheter site and the aide had been instructed to change the dressing as part of the catheter care listed on the aide care plan in finding #2. | | | |

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| G0225 | <p>484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE</p> <p>The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law.</p> <p>Based on home visit observation, clinical record review, and interview, the agency failed to ensure the registered nurse assigned appropriate tasks to the home health aide for 1 of 3 aide home visits observed (#3) with the potential to affect all patients with home health aide services.</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide, was observed to change a nonsterile dressing around a suprapubic catheter site on patient #3's abdominal region. This task is not in the aide's scope of practice. 2. Clinical record #3, start of care 5/3/12, contained an aide care plan updated and rewritten on 10/25/12 by Employee A, the director of clinical services and administrator. This document stated, "Catheter Care AM and PM." 3. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated the Employee I did change the dressing at | G0225 | <p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-008.2 Home Health Aide Plan of Care and Home Health Aide Scope of Practice. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record reviews.</p> | 11/15/2012 | | | |

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| | the suprapubic catheter site and the aide had been instructed to change the dressing as part of the catheter care listed on the aide care plan in finding #2. | | | |

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| G0339 | <p>484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT</p> <p>The comprehensive assessment must be updated and revised (including the administration of the OASIS) the last 5 days of every 60 days beginning with the start of care date, unless there is a beneficiary elected transfer; or significant change in condition resulting in a new case mix assessment; or discharge and return to the same HHA during the 60 day episode. Based on clinical record and agency policy review and interview, the agency failed to ensure comprehensive assessments had been updated the last 5 days of every 60 day period in 2 of 9 records reviewed (3 and 10) of patients service for more than 60 days creating the potential to affect all of the agency's current 36 patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> 1. The agency policy titled "Oasis Collection and Transmission" with an effective date of 8/13/12 stated, "The Comprehensive Assessment Follow-up Version" must be completed within 5 days before the recertification date. For each follow-up, the assessments must be completed on or after the 56th and on or before the 60th day of the current certification period." 2. Clinical record #3, start of care 5/3/12, | G0339 | <p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-024.3 OASIS Collection and Transmission and company policy HH-CL-013.2 Reassessments/Recertification. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. Further education including, but not limited to, review of reassessments, recertifications, care coordination, case conference and the supporting documentation/updates required with timeline was presented to Director of Clinical Services and Clinical Supervisors during an Area Clinical Supervisor Training presented by Toni Turner, Area Clinical Support, as evidenced by agenda and certificate of completion. This training took place on November 13, 2012 & November 14, 2012. To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for</p> | 11/15/2012 | | | |

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| | <p>included a plan of care for the certification period 8/31/12 - 10/29/12. The record evidenced the comprehensive recertification assessment for this certification period was completed on 9/13/12, 13 days late.</p> <p>3. Clinical record #10, start of care date of 11/20/08, included a plan of care for the certification period of 8/31/12 - 10/29/12. The record evidenced the comprehensive recertification assessment for this certification period was completed on 9/13/12, 13 days late.</p> <p>4. On 11/1/12 at 3:15 PM, the administrator indicated the comprehensive assessments had not been completed during the last 5 days of the previous certification period due to the previous administrator destroying documents prior to her termination. The comprehensive assessments were completed on 9/13/12.</p> | | ensuring continued compliance per regulations through quarterly medical record reviews. | | |

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| N0000 | <p>This visit was for a state home health agency relicensure survey.</p> <p>Survey Dates: 10/31/12 - 11/5/12</p> <p>Facility #: 4862</p> <p>Medicaid #: 200857630</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census: 15 Home health aide only patients: 35</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 9, 2012</p> | N0000 | | | |

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| N0442 | <p>410 IAC 17-12-1(b) Home health agency administration/management Rule 12 Sec. 1(b) A governing body, or designated person(s) so functioning, shall assume full legal authority and responsibility for the operation of the home health agency. The governing body shall do the following: (1) Appoint a qualified administrator. (2) Adopt and periodically review written bylaws or an acceptable equivalent. (3) Oversee the management and fiscal affairs of the home health agency.</p> <p>Based on document review and interview, the agency failed to ensure the governing body had reviewed the bylaws annually for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. A review of the governing body minutes for 2010 - 2012 failed to evidence the governing body had reviewed the bylaws annually.</p> <p>2. The agency document titled "Merrillville Indiana Governing Body (GB) Minutes 12/21/2010" with a review date of 12/21/2010 stated, "Review Bylaws at least annually." This was signed by the Employee Q, past administrator, and the Employee P, secretary.</p> | N0442 | The Director of Clinical Services and the Accounts Manager will review company policy HH-LGA-03 on Governing Body guidelines and hold a Governing Body Meeting with all members to address all requirements. This will be evidenced by the minutes of such meeting. This review of policy by Director of Clinical Services and Accounts Manager and Governing Body meeting occurred on 11/16/12, which included a review of the bylaws. To prevent this deficiency from recurring in the future the Director of Clinical Services and Accounts Manager will ensure that the annual Governing Body Meeting include the appointment of a qualified administrator, review of company bylaws and oversight of management and fiscal affairs of the agency as evidenced by meeting minutes and reviewed during the agency self audit process. | 11/16/2012 | | | |

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| | 3. On 11/5/12 at 11 AM, Employee B, alternate administrator, indicated no review of the agency by-laws had occurred since 2010. | | | |

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| N0470 | <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 home visit observation, policy and procedure review, and interview, the agency failed to ensure infection control policies were followed during 2 of 5 home visits (patient #3 and #5) with the potential to affect all patients seen by Employee E, Registered Nurse, and Employee I, Home Health Aide.</p> <p>Findings include</p> <p>1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide (HHA), was observed to give a bed bath to patient #3. Employee I washed her hands in the patient's bathroom sink and dried her hands on a bath towel hanging over a shower rod. She then filled two basins of water. Employee I brought the basins of water to the patient's bedside and proceeded to bathe the patient. During the bath, Employee I removed a soiled suprapubic catheter dressing and used sterile water on clean gauze to cleanse around the catheter site including wiping dried blood from a skin fold area near the catheter site. The sterile water to cleanse</p> | N0470 | <p>Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employees I and E, regarding proper standards for hand hygiene. This in-service will include company policy requirements as stated in policy HH-ICS-005, as well as CDC Guidelines for Hand Hygiene in the Health Care setting. Direct caregivers will be required to complete and pass a post test with 80% or greater to acknowledge understanding of hand hygiene requirements. Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employees I and E, regarding proper procedure for bathing the client. This in-service will include company policy requirements as stated per VNAA Procedure Manual. Direct caregivers will be required to complete on-line in-service education on Bathing the Client and pass a post test with 80 % or greater to acknowledge understanding of bathing the client procedure. In-service education will be provided to the external</p> | 12/15/2012 |

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| | <p>the suprapubic catheter site was poured from a Baxter sterile water 1 liter bottle with an expiration date of August 2010 kept at the patient's bedside. The aide applied a clean dressing. After this dressing change, the HHA continued bathing the patient with the two basins of bathing water. The aide washed the patient's genital area and then turned the patient onto the patient's right side and washed the buttocks and rectum with the same water and washcloth. With her gloved hands, the HHA picked up a small amount of feces on a disposable underpad and disposed of the feces and the soiled underpad into a nearby trash container and did not change her gloves or wash her hands before applying a clean chux under the patient. The HHA then proceeded to change the water in the basins but did not change the gloves or wash her hands before continuing the bath.</p> <p>On November 1, 2012, at 10:45 AM, Patient #3 indicated the sterile water was the original sterile water in the container.</p> <p>2. On November 1, 2012, at 1:20 PM, Employee E, Registered Nurse (RN), was observed to give a partial bath to patient #5. Employee E washed her hands and donned gloves prior to filling two basins with water. She placed one tub of water on the floor and the other in a trash can</p> | | <p>employees on November 19, 2012 and all testing must be completed by December 15, 2012. Employee I has received verbal education regarding proper hand hygiene and proper bathing from Director of Clinical Services on 11/14/12. Employee E has received verbal education regarding proper hand hygiene and bathing from Director of Clinical Services on 11/16/12. Director of Clinical Services will educate all Clinical Supervisors on company policy HH-ICS-005 regarding hand hygiene as well as CDC Guidelines for Hand Hygiene in the Health Care Setting. Clinical Supervisors will be required to complete and pass a post test with 80% or greater to acknowledge understanding of hand hygiene requirements. Director of Clinical Services will educate all Clinical Supervisors on company procedure regarding bathing the client as stated in the VNAA Manual. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. Clinical Supervisors must complete the hand hygiene post test with a passing score of 80% or greater by 11/23/12. To prevent this deficiency from recurring in the future, all direct caregivers will be observed performing hand hygiene during the initial competency at time of hire and at their annual</p> | | |

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| | <p>with waste articles. After washing bowel movement from the patient's rectum and buttocks area, Employee E changed her gloves without washing her hands before proceeding with the partial bath.</p> <p>3. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated Employees E and I, at the home visits observed in findings #1 and #2, did not follow policies and procedures of the agency and Employee I had been observed to use sterile water that was expired to cleanse a suprapubic catheter site. Employee A indicated the bath water violated infection control standards by being placed on the floor.</p> <p>4. The agency policy titled "Hand Hygiene" with an effective date of 4/22/11 stated, "Hand decontamination using an alcohol - based hand rub should be performed ... after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, if hands are not visibly contaminated, when moving from a contaminated body site to a clean body site during patient care ... after removing gloves ... Handwashing using soap and water soap and water ... Wet hands and apply the soap, and rub hands together vigorously, avoid use of hot water because repeated exposure to hot water may increase the risk of</p> | | <p>competency requirement. Furthermore, Clinical supervisors will observe and monitor staff providing patient care for adherence to proper hand hygiene and bathing procedure. This observation will take place during home supervisory visits when staff is present. The Clinical Supervisors will document the observation of staff on the Supervisory Visit note, along with effectiveness and any re-education, if appropriate.</p> | | |

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| | <p>dermatitis. Wash hands for at least 15 seconds covering all surfaces of the hands and fingers. Rinse with water and dry the hands with a disposable towel from the fingers toward the forearm."</p> <p>5. The undated agency procedure titled "Bathing the Client (Home Health Aide Training)" with an access date of 11/2/12 stated, "Complete bed bath ... Assemble the necessary equipment on the bedside table ... Wash, rinse, and dry the client's abdomen being careful to include the umbilicus and skin creases ... Empty the wash basin, rinse, and refill it with clean water if it becomes soapy or cool ... Bend the knee and wash, rinse, and dry the leg and foot ... Assist the client to turn on his or her side so the back is toward you. Wash, rinse, and dry the client's back of neck, behind the ears, back and buttocks ... Empty the basin, rinse and refill it with clean water, and test it for proper temperature ... If the client is able to wash his or her own perianal area, provide a soapy washcloth, then a clean, wet cloth for the rinse, and a towel to dry. If the client is unable to do this, assist by washing the perineal area front to back to avoid infection."</p> | | | |

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| N0494 | <p>410 IAC 17-12-3(a)(1)&(2) Patient Rights Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: (1) Provide the patient with a written notice of the patient's right: (A) in advance of furnishing care to the patient; or (B) during the initial evaluation visit before the initiation of treatment. (2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on home visit observation, review of the clinical records and agency procedures, and interview, the home health agency failed to protect and promote the right of dignity and personal privacy for 1 of 3 home visit observations (patient #3) with a home health aide with the potential to affect all the patients receiving care from Employee I.</p> <p>Findings</p> <p>1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide (HHA), was observed to give a bed bath to patient #3. While Employee I washed the patient's chest and genital area, the patient was not draped for privacy. The patient</p> | N0494 | Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employee I, regarding company policy on Patient Rights, dignity and maintaining privacy. This in-service will include company policy requirements as stated in policy HH-ERR-001.2 Patient Rights and Responsibilities. Direct caregivers will be required to complete on-line in-service education on Patient Rights and pass a post test with 80 % or greater to acknowledge understanding of respecting and maintaining patient rights, dignity and privacy during procedures. In-service education will be provided to the external employees on November 19, 2012 and all testing must be completed by December 15, | 12/15/2012 | | | |

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| | <p>indicated being cold while the chest was washed.</p> <p>2. Clinical record #3, start of care 5/3/12, contained a document titled "Home Health Care Patient Rights and Responsibilities" that was signed by the patient and Employee O, Registered Nurse, on 5/3/12. The documented stated, "Home care patients have the right to ... Be treated with respect, consideration and recognition of the individual's dignity and individuality, including privacy in treatment and in care for personal needs."</p> <p>3. The undated agency procedure titled "Bathing the client (Home Health Aide Training)" with an electronic retrieval date of 11/2/12 stated, "Bathing is a very personal activity which most people do in private. It is important to remember this when assisting with bathing ... Provide as much privacy as you can. In a bed bath, uncover only the area being washed. As you move to another area, cover the area you have already washed."</p> <p>4. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated Employee I did not provide for privacy and dignity with the bed bath noted in finding #1.</p> | | <p>2012. Employee I has received verbal education regarding patient rights, and maintaining patient dignity and privacy during bathing from Director of Clinical Services on 11/14/12. To prevent this deficiency from recurring in the future, Clinical supervisors will observe and monitor staff providing patient care for adherence to patient's rights, dignity and privacy. This observation will take place during home supervisory visits when staff is present. The Clinical Supervisor will document the observation of staff on the Supervisory Visit note, along with effectiveness and any re-education, if appropriate.</p> | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K026 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 11/05/2012 | |
| NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 335 W 84TH ST MERRILLVILLE, IN 46410 | | | |
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| N0541 | <p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse reevaluated the patient by the completion of a comprehensive assessment during the last 5 days of every 60 day period as required by agency policy in 2 of 9 records reviewed (3 and 10) of patients on service for more than 60 days creating the potential to affect all of the agency's current 36 patients.</p> <p>The findings include</p> <ol style="list-style-type: none"> 1. The agency policy titled "Oasis Collection and Transmission" with an effective date of 8/13/12 stated, "The Comprehensive Assessment Follow-up Version" must be completed within 5 days before the recertification date. For each follow-up, the assessments must be completed on or after the 56th and on or before the 60th day of the current certification period." 2. Clinical record #3, start of care 5/3/12, | N0541 | <p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-024.3 OASIS Collection and Transmission and company policy HH-CL-013.2 Reassessments/Recertification. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. Further education including, but not limited to, review of reassessments, recertifications, care coordination, case conference and the supporting documentation/updates required with timeline was presented to Director of Clinical Services and Clinical Supervisors during an Area Clinical Supervisor Training presented by Toni Turner, Area Clinical Support, as evidenced by agenda and certificate of completion. This training took place on November 13, 2012 & November 14, 2012. To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record reviews.</p> | 11/15/2012 | | | |

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| | <p>included a plan of care for the certification period 8/31/12 - 10/29/12. The record evidenced the comprehensive recertification assessment for this certification period was completed on 9/13/12, 13 days late.</p> <p>3. Clinical record #10, start of care date of 11/20/08, included a plan of care for the certification period of 8/31/12 - 10/29/12. The record evidenced the comprehensive recertification assessment for this certification period was completed on 9/13/12, 13 days late.</p> | | | |

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| N0550 | <p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on home visit observation, clinical record review, and interview, the agency failed to ensure the registered nurse assigned appropriate tasks to the home health aide for 1 of 3 aide home visits observed (#3) with the potential to affect all patients with home health aide services.</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. On November 1, 2012, at 10:45 AM, Employee I, Home Health Aide, was observed to change a nonsterile dressing around a suprapubic catheter site on patient #3's abdominal region. This task is not in the aide's scope of practice. 2. Clinical record #3, start of care 5/3/12, contained an aide care plan updated and rewritten on 10/25/12 by Employee A, the director of clinical services and administrator. This document stated, "Catheter Care AM and PM." | N0550 | <p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-008.2 Home Health Aide Plan of Care and Home Health Aide Scope of Practice. This education took place during a Clinical Team Meeting on 11/15/12 as evidenced by the sign-in log and minutes. To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record reviews.</p> | 11/15/2012 | | | |

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| | 3. On November 1, 2012, at 11:40 AM, Employee A, the administrator, indicated the Employee I did change the dressing at the suprapubic catheter site and the aide had been instructed to change the dressing as part of the catheter care listed on the aide care plan in finding #2. | | | | |