

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2015
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NAME OF PROVIDER OR SUPPLIER  BAYADA PEDIATRICS	STREET ADDRESS, CITY, STATE, ZIP CODE 2415 DIRECTORS ROW SUITE H INDIANAPOLIS, IN 46241
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G 0000  Bldg. 00	<p>This visit was for a Federal Medicaid initial home health agency survey.</p> <p>Survey dates: 8-20, 8-21, and 8-24-2015</p> <p>Facility Number: 013748</p> <p>Census: 10 Active (8 Skilled, 2 Home Health Aide only) 2 Discharged patients</p> <p>Sample : Record reviews with home visit: 5 Record reviews without home visit: 7 Total: 12</p> <p>Bayada Pediatrics was found to be in compliance with 42 CFR 484.10 et seq. QA; LD, R.N.</p>	G 0000		
N 0000  Bldg. 00		N 0000		

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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N 0464 Bldg. 00	<p>This visit was for a state initial home health agency licensure survey.</p> <p>Survey dates: 8-20, 8-21, and 8-24-2015</p> <p>Facility Number: 013748</p> <p>Census: 10 Active patients (8 Skilled, 2 Home Health Aide only) 2 Discharged patients</p> <p>Sample : Record reviews with home visit: 5 Record reviews without home visit: 7 Total: 12</p> <p>QA; LD, R.N.</p> <p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must</p>						

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	<p>have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with:</p> <p>(A) a documented:</p> <p>(i) history of tuberculosis;</p> <p>(ii) previously positive test result for tuberculosis; or</p> <p>(iii) completion of treatment for tuberculosis;</p> <p>or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12)</p>			

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	<p>months.</p> <p>Based on review of Center for Disease Control (CDC) tuberculosis (TB) skin testing guidelines, policy review, personnel file review, and interview, the agency failed to ensure personnel files of direct care providers contained either a valid negative one-step TB skin test upon hire, and a valid negative TB skin test within prior 12 months; or a valid two-step TB skin test upon hire, including documentation of the date and time of administration, and the date and time of reading, for 5 of 5 non-positive TB skin test responder direct care provider personnel files reviewed ( A, B, C, D, and E).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. CDC Guidelines for Control and Prevention of TB "Tuberculosis Skin Testing Fact Sheet", last reviewed/updated September 2012 , states, "The skin test reaction should be read between 48 and 72 hours after administration ... A patient who does not return within 72 hours will need to be rescheduled for another skin test."</li> <li>2. Agency policy "TB Exposure Plan", adopted 2-25-15, states, "The following employees are required to participate in</li> </ol>	N 0464	<p>Administrator will revise current form to include time Mantoux was administered; Administrator will educate entire staff of proper utilization of form and CDC/Bayada Policy regarding TB administration including proper documentation of date and time of Mantoux administration. See edited form below. Administrative staff will be educated by 8/31/2015 and staff will implement new form beginning 8/31/2015. Active staff will have Mantoux test reapplied according to standards by 09/30/2015. PI monitoring will incorporate TB screening to ensure tests were accepted, administered, read and documented within proper time frames. Qtr 3 (9/30/2015) will review new hires and Qtr 4 ending Dec 30, 2015 will incorporate all active employees to ensure compliance with policy. Nursing Supervisor and Administrator will be responsible for monitoring of compliance. <b>EMPLOYEE TB SCREENING TOOL - INDIANA</b> Employee Name: _____ _____ Employee ID#: _____ Office: _____ Date: _____</p> <p><b>Directions for use:</b> Employee should complete questions #1 - 5 and as indicated, sections A and/or B upon hire/rehire/reactivation, annually,</p>	08/31/2015			

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	<p>the TB screening process: all field employees with direct client exposure, all office based employees who routinely have direct client exposure ... A double Mantoux (PPD/TST) may be obtained in one of the following ways: a. [agency] or authorized health care provider ... administers and reads one Mantoux (PPD/TST) upon hire ... If test reads negative 48-72 hours after administration, the employee can begin working with clients ... A second Mantoux ... is then administered and read ... 1 to 3 weeks later ... b. The employee provides documented results of a negative single or double Mantoux performed within prior year, which is placed in the employee's medical file ... an authorized health care provider ... administers and reads one Mantoux. If test is negative 48-72 hours after administration, the employee can begin working with clients ... c. A new employee provides documentation that he/she was screened for TB exposure with a double Mantoux within the past month during an [agency] administered Home Health Aide training/certification program and has not had any known exposure to a client with suspected or active TB."</p> <p>3. Personnel file A, administrator, alternate nursing supervisor, registered</p>		<p>post exposure, and annual TB symptom screening (reference <b>Policy #0-1999</b>). <b>Status:</b> Hire/rehire/reactivate - <b>requires 2-step Mantoux or evidence of IGRA 1 week prior to hire</b> Annual Mantoux Post Exposure (<b>Complete Sections A and B</b>) Initial/Annual TB symptom screening for history of positive reaction (<b>Complete Section B</b>)</p> <p>1. Do you have documented evidence of PPD/TST given in the past year? No If yes, date (Note: Time of administration and time read must be documented) 2. Have you ever had a positive PPD/TST? No If yes, date Do you have documented evidence? No If yes, (<b>Complete Section B</b>)</p> <p>3. Do you have proof of recent IGRA test (upon hire)? No If yes, date Do you have proof of IGRA test in past year (annual)? No If yes, date 4. Have you recently (past 12 weeks) been, or suspect you've been exposed to anyone with tuberculosis? (If yes, see <b>Policy #0-1999, section 1.3 regarding follow up requirements</b>) No If yes, date 5. Have you ever been diagnosed and treated for active TB disease? No If yes, (<b>Complete Section B</b>) 6. Did you receive a live vaccine (i.e. MMR, Varicella, flu nasal spray (LAIV)) in the past 4 weeks? No If yes, date _____ (If yes, <b>complete section B and administer TST 4 weeks after</b></p>				

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	<p>nurse (RN), date of hire (DOH) 3-30-15, first patient contact (FPC) 6-17-15, evidenced a TB skin test form with date of administration of 3-31-15, no time documented, date of reading 4-2-15, no time documented. result 0 mm induration. The TB skin test form evidenced a second-step TB skin test administered 4-7-15, no time documented, date of reading 4-9-15, no time documented, result 0 mm induration . The second-step TB skin test was given 5 days after the step-one TB skin test.</p> <p>4. Personnel file B, nursing supervisor, alternate administrator, RN, DOH 3-30-15, FPC 6-15-15, evidenced a TB skin test form with date of administration of 2-10-15 or 2-11-15. The form date of administration had been altered to mark over the day of the month "10" and change it to "11." The alteration of the record failed to evidence initial of person altering the document. The date of reading was 2-13-15, no time documented, result 0 mm induration. The file evidenced a TB skin test with date of administration 9-3-14, no time documented, and date of reading 9-5-15, no time documented, result 0 mm induration.</p> <p>5. Personnel file C, RN, DOH 4-20-15, FPC 6-15-15, evidenced a TB skin test</p>		<p><b>date noted) Section A: Mantoux Tests</b> I give permission to BAYADA Home Health Care to administer a TB screening test: Employee Signature <b>Mantoux test #1:</b> Date administered: Time: _____ Site: Left forearm Right forearm Lot #: Expiration date: Date to be read: Signature/title nurse administering test: Date read: Time: _____ Results/measurement: ("0 mm" if negative). Follow-up recommended? No Yes Signature/title of nurse reading test #1: <b>Mantoux test #2:</b> Date administered: Time: _____ Site: Left forearm Right forearm Lot #: Expiration date: Date to be read: Signature/title of nurse administering test: Date read: _ Time: _____ Results/measurement: ("0 mm" if negative). Follow-up recommended? No Yes Signature/title of nurse reading test #2: <b>Section B: Symptom Screening for Active TB</b> (Post exposure for hx of positive reaction) Over the past year, have you experienced any of the following: Comments: a. A persistent cough (a cough lasting more than two weeks)? No Yes b. Pink or bloody sputum? No Yes c. Night sweats? No Yes d. Unexplained fever? No Yes e. Loss of appetite? No Yes f. Feeling weak or sick? No Yes g. Weight loss? No Yes h. Chest</p>	

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	<p>form with date of administration of 4-20-15, no time documented, date of reading 4-22-15, no time documented, result 0 mm induration. The file evidenced a TB skin test with date of administration 10-9-14, no time documented, and date of reading 10-11-14, no time documented, result 0 mm induration.</p> <p>6. Personnel file D, home health aide (HHA), DOH 7-24-15, FPC 7-26-15, evidenced a one-step TB skin test report completed 7-26-15, result 0 mm induration, which met agency policy and CDC guidelines. The personnel file evidenced a TB skin test with date of administration of 1-19-15, no time documented, date of reading 1-21-15, no time documented, result 0 mm induration.</p> <p>7. Personnel file E, HHA, DOH 7-24-15, FPC 7-29-15, evidenced a one-step TB skin test report completed 7-27-15, result 0 mm induration, which met agency policy and CDC guidelines. The personnel file evidenced a TB skin test with date of administration of 10-22-14, no time documented, date of reading 10-24-14, no time documented, result 0 mm induration.</p> <p>8. On 8-24-15 at 2:30 PM, Employee A,</p>		<p>pain? No Yes i. Exposure to someone with active TB No Yes Follow-up recommended? No Yes Signature of nurse reviewing form and educating on symptoms of TB: Date: www.bayada.com 0-7597 REV. 8/15 © BAYADA Home Health Care 2015 <b>EMPLOYEE TB SCREENING TOOL - INDIANA</b></p>	

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	<p>alternate administrator/alternate nursing supervisor, indicated the TB skin test results in personnel files A, B, C, D, and E, were not valid TB skin test results and should not have been accepted as evidence of negative TB status.</p> <p>Administrator indicated employees A and B, administrator and nursing supervisor, went into client's home on a regular basis and were required to have TB skin testing.</p>			