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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15K082 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>03/23/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>AT HOME HEALTH CARE AGENCY LLC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5800 FAIRFIELD AVENUE, STE 140<br>FORT WAYNE, IN 46807 |
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| G 000<br><br>Bldg. 00 | <p>This was a home health federal recertification survey. This was a partial extended survey.</p> <p>Survey Dates: March 17, 18, 19, 20, and 23, 2015.<br/>Partial Extended Dates: March 17, 18, 19, 20, and 23, 2015.</p> <p>Facility Number: IN012746</p> <p>Medicaid Number: 201061990A</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type:<br/>Skilled: 16<br/>Home Health Aide Only: 19<br/>Personal Service Only: 0<br/>Total: 35</p> <p>Sample:<br/>RR w/HV: 5<br/>RR w/o HV: 6<br/>Total: 11</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>March 31, 2015</p> | G 000 |  |  |
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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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| G 110<br>Bldg. 00  | <p>484.10(c)(2)(ii)<br/>RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The HHA complies with the requirements of Subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives.</p> <p>The HHA must inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable State law. The HHA may furnish advance directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.</p> <p>Based on observation, admission packet review, policy review, and interview, the agency failed to ensure patients received the current revision for Advance Directives for 4 of 5 observations. (# 1, 2, 4, and 5)</p> <p>Findings include</p> <p>1. The agency's admission packet contained the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date, and the packet failed to contain the most current document revised July, 2013.</p> <p>A. During home visit #1 on 3/18/15</p> | G 110         | The Director of Nursing reviewed the policy and procedure for Advance Directives. Inservices will be completed to inform nursing staff to advise RN Casemanager or DON if a client does not have the most recent updated Advance Directive informational packet with admissin folder in the home. All patients will receive the most recent updated version of Advance Directives Your Right to Decide. Dated, July 1 2013., by 4/20/15. Inservices will be conducted 4/2/15 and 4/9/15 for all nursing staff. The Compliance Coordinator will ensure yearly that all admission documents are current with the most recent version and will notify the DON of any known changes immediately | 04/20/2015           |

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|  | <p>at 12:00 PM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>B. During home visit #2 on 3/19/15 at 10:30 AM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>C. During home visit #4 on 3/19/15 at 1:00 PM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>D. During home visit #5 on 3/20/15 at 9:30 AM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to</p> |   | to update client folders. This will ensure that we as a Agency, can prevent this deficiency and it will not recur. |   |  |   |  |

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| G 121<br>Bldg. 00  | <p>Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>2. During interview on 3/17/15 at 1:00 PM, employee E, the Director of Nursing, indicated the human resources puts the packets together and should have the updated version in the packets.</p> <p>3. The agency's policy titled "Advance Directive," approved 2014, states, "Procedure ... Patients will be given information before care is provided to them to ensure that all patients understand their rights under Indiana Law, and to better enable them to make decisions concerning their medical care."</p> <p>484.12(c)<br/>COMPLIANCE W/ ACCEPTED PROFESSIONAL STD<br/>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.<br/>Based on observation, policy review, and interview, the agency failed to ensure all personnel followed infection control practices for 2 of 5 home visit observations. (#1, and 2)</p> <p>Findings include</p> <p>1. During home visit observation with</p> | G 121         | The Director of Nursing has completed a inservice 4/9/14 for active employees to review Infection Control practices, Bathing and Grooming. Nursing staff will focus on washing hands "with or without water". A additional inservice will be held 4/16/15 for remaining active staff members to ensure the proper utilization of infection control | 04/20/2015           |

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|                    | <p>patient #1 on 3/18/15 at 12:00 PM, employee D, a licensed practical nurse, was observed administering eye drops to the patient. Employee D donned gloves, administered eye drops, removed gloves and proceeded to don new gloves. Employee D failed to wash hands or use hand sanitizer after removing gloves.</p> <p>2. During home visit observation with patient # 2 on 3/19/15 at 10:30 AM, employee G, a home health aide, was observed providing a bed bath. Employee G washed the patient's upper torso and legs, removed the Depend, washed the upper thighs and underneath the abdominal folds, then proceeded to wash the patient's perineal area. Employee G failed to change the bath water prior to cleansing the perineal area.</p> <p>3. During interview on 3/20/15 at 11:45 AM, employee E, Director of Nursing, indicated all employees should be washing hands or using sanitizer in between glove changes.</p> <p>4. During interview on 3/20/15 at 11:50 AM, employee E indicated bed bath water should be changed prior to washing private areas.</p> <p>5. The agency's policy titled "Handwashing," approved April 2010,</p> |               | <p>practices and HHA's will review the policy in reference to Bathing and Grooming. Staff will review the practices for protection of both themselves and the community from infectious or communicable diseases. In addition, protect clients who may be immunocompromised due to disease, age, or medical treatment. HHA's will properly perform bathing and grooming duties according to policy and procedure. Yearly inservices such as Standard Precautions will be conducted yearly with all active homecare staff and will be tracked by Human Resources in employee files and the DON will be notified of any staff that is not current immediately to remain compliant and ensure that this deficiency does not recur. Employee files will be reviewed quarterly for compliance by HR.</p> |                      |

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| G 158<br>Bldg. 00  | <p>states, "If wearing gloves, always wash hands after removal of gloves."</p> <p>6. The agency's policy titled "Bathing and Grooming," approved April 2010, states, "Cleansing Bed Bath ... 12. Wash the patient's back, buttocks, and perineal area. Change the water at least once during the procedure."</p> <p>As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> <p>484.18<br/>ACCEPTANCE OF PATIENTS, POC, MED SUPER<br/>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.<br/>Based on clinical record review, policy review, and interview, the agency failed to ensure care followed a written plan of care established by a doctor of medicine in 1 of 11 clinical records reviewed. (# 2)</p> <p>Findings include</p> <p>1. Clinical record # 2, start of care 12/5/14, contained a plan of care for the</p> | G 158         | The Director of Nursing has conducted a mandatory inservice 4/9/15 to review policy and procedure 484.18. Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. The nurses will be instructed on adhering to the written Plan of Care established and periodically | 04/20/2015           |

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|  | <p>certification period 2/3-4/3/15 with orders for Skilled Nursing (SN), 1 time weekly to set up medication, and check vital signs to include pulse oximetry.</p> <p>A. The SN note dated 2/13/15 failed to evidence the pulse oximetry was obtained.</p> <p>B. The SN note dated 3/6/15 failed to evidence the pulse oximetry was obtained.</p> <p>2. During interview on 3/20/15 at 12:15 PM, employee E, the Director of Nursing, stated she does not know why the pulse oximetry was not recorded.</p> <p>3. The agency's policy titled "Physician Orders," # 25, dated 12/2011, states, "Policy: A. Agency staff will administer services and treatments only as ordered by the physician."</p> <p>4. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> |   | <p>reviewed by the physician. A additional inservice will be conducted 4/16/15 for staff that were unable to attend the one previous. The DON or ADON will review skilled nurse notes weekly to ensure compliance with physician orders according to policy and procedure to ensure that this deficiency does not recur. Charts will be audited by Compliance Coordinator biweekly and notify DON/ADON of corrections that may need to be made by RN Casemanager or skilled nurse. Notes will be corrected within 1 week to remain compliant.</p> |                      |   |

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| G 159<br><br>Bldg. 00  | <p>484.18(a)<br/>PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on observation, clinical record review, and policy review, the agency failed to ensure all durable medical equipment (DME) is listed on the plan of care (POC) for 1 of 11 clinical records reviewed. (# 3)</p> <p>Findings include</p> <p>1. Clinical record # 3, start of care 10/1/13, contained a POC for the certification period 1/25-3/25/15 with the following DME: Walker, Catheter supplies, Diabetic supplies, Hospital Bed, Quad cane, toilet seat riser, tub transfer bench, back brace, TENS unit, OSHA kit, and Foley catheter.</p> <p>A. During home visit observation on 3/19/15 at 12:00 PM, a Hoveround scooter was observed in the home. The POC failed to evidence the Hoveround scooter listed under DME on the POC.</p> | G 159   | <p>The Director of Nursing has conducted a inservice 4/9/15 with the admitting RN to review policy 484.10 Standard: Plan of care which covers pertinent diagnoses, including mental status, types of services and equipment required... All DME should be included on POC to be in conformance with physician orders. There will be periodic review of total plan of care by the attending physician and HHA personnel atleast every 60 days or more frequently if needed. All active charts will be reviewed for accuracy of POC standards and updated if needed for next certification period and a order written to include DME to current POC if it is not listed. POC's will be reviewed by the to RN Casemanager every 60 days at recertification or any other change of condition, for completeness. The compliance coordinator with notify the DON/ADON of any corrections that need to be made to charts</p> | 04/20/2015  |  |   |  |

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| G 173<br><br>Bldg. 00  | <p>B. During interview on 3/20/15 at 12:00 PM, patient # 3 indicated they use the Hoveround to go outside for walks, or for appointments.</p> <p>2. The agency's policy titled "Care Planning," # 22, dated 12/2011, states, "Procedure: A. The care plan is individualized and shall include: ... 13. Medication, treatment procedures, supplies and equipment."</p> <p>3. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> <p>484.30(a)<br/>DUTIES OF THE REGISTERED NURSE<br/>The registered nurse initiates the plan of care and necessary revisions.<br/>Based on observation, clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (RN) initiated the Home Health Aide Care Plan within 5 days of admission to the agency for 1 of 11 clinical records reviewed receiving HHA</p> |   |  | G 173   | <p>that are audited biweekly thereafter to ensure that this deficiency does not recur.</p> <p>The Director of Nursing has conducted an inservice 4/9/15 with the admitting RN to review the admission policy, the written POC, all documents that are to be included in the admission folder and all information must be updated with all new information when a client is discharged and</p> |   | 04/20/2015           |

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|                    | <p>services. (# 2)</p> <p>Findings include</p> <p>1. Clinical record #2, start of care 12/5/14, contained a plan of care dated 2/3-4/3/15 with orders for HHA 6 days per week, 10 hours Monday through Friday and 5 hours on Saturday to assist client with activities of daily living, meal preparation, and light housekeeping.</p> <p>During home visit observation on 3/20/15 at 10:30 AM, the HHA Care Plan in the home was dated 4/5/14. The home folder failed to evidence a new HHA Care Plan had been delivered to the home.</p> <p>2. During interview on 3/20/15 at 11:50 AM, employee E, the Director of Nursing, indicated patient # 2 had been a prior patient but had been discharged due to Medicaid ran out. Employee E indicated when the patient readmitted to the agency, there were no changes from the previous Aide Care Plan, so the agency just used that one.</p> <p>3. The agency's policy titled "Care Planning," # 22, dated 12/2011, states, "Q. Care Plans must be reviewed when:<br/>... 3. Patient is discharged, transferred and readmitted/resumption of care during</p> |               | <p>readmitted to HHA. A old POC for Homehealth aides cannot be used even when services will remain the same. A new Aide care plan must be placed in the home folder. The DON/ADON will provide training for any newly hired Admitting RN on policy of admission and documents required within 5 days. All home folders of active patients will be reviewed for most recent and accurated information in accordance with company policy and updated to remain in compliance with State Regulations. The RN casemanager will be responsible for ensuring all home folders are up to date and in compliance to ensure that this deficiency does not recur.</p> |                      |

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| G 225<br>Bldg. 00  | <p>the same 60 day episode a minimum of 5 days prior to recertification date. ... S. Review of the Care Plan is the responsibility of the Director of Nursing or Designee."</p> <p>4. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> <p>484.36(c)(2)<br/>ASSIGNMENT &amp; DUTIES OF HOME HEALTH AIDE<br/>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 observation, policy review, and interview, the agency failed to ensure the Home Health Aide (HHA) performed only activities allowed within their scope of practice for 1 of 2 HHA observations. (# 2)</p> <p>Findings include</p> | G 225   | The Director of Nursing conducted a mandatory inservice 4/9/15 to provide training for all active HHA on Duties of the Homehealth Aide, The duties that the aide is ordered by the physician and permitted under state law. A inservice will also be held on 4/16/15 to provide training to all who were not able to attend the one previous. All active HHA will review policies and procedures, Duties, scope of | 04/20/2015           |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>AT HOME HEALTH CARE AGENCY LLC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5800 FAIRFIELD AVENUE, STE 140<br>FORT WAYNE, IN 46807 |
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|                    | <p>1. During home visit observation on 3/20/15 at 10:30 AM, employee G, a HHA, was observed providing a bed bath for patient # 2. After the HHA finished the bed bath, she applied Neosporin ointment to a dime sized open red area on the patient's coccyx.</p> <p>2. During interview on 3/20/15 at 10:50 AM, employee G indicated the dime sized red area was not there the day before, and the patient liked to have Neosporin applied to the old eschar area above it from a previous wound, but they were using Calmoseptine for awhile.</p> <p>3. During interview on 3/20/15 at 11:50 AM, employee E, Director of Nursing, indicated she obtained the Neosporin order recently but she also reminded the HHAs they are not to be applying it.</p> <p>4. The agency's policy titled "Home Health Aide Services," approved April 2011, states "6. Duties of the home health aide are assigned according to the patient's plan of care, developed by the nursing/physical therapy staff with the patient and may include the following: ...<br/>f. Assistance with medications that are ordinarily self-administered."</p> <p>5. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there</p> |               | <p>practice and job description to ensure understanding to comply with State regulations. The RN Casemanager will conduct a spervisory visit every 2 weeks to observe and ensure HHA's are adhering to policy. Yearly an inservice will be conducted on HHA duties and scope of Practice thereafter to all active HHA staff and to new staff with orientation to ensure the Agency remains compliant and this deficiency does not recur. HR will track all HHA inservices and inform the DON/ADON of any employee who needs inservice or review immediately.</p> |                      |

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| G 321<br>Bldg. 00  | <p>was no further information to submit for review.</p> <p>484.20(a)<br/>ENCODING OASIS DATA<br/>The HHA must encode and be capable of transmitting OASIS data for each agency patient within 30 days of completing an OASIS data set.<br/>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 3 of 8 clinical records reviewed of patients whose OASIS data should have been transmitted. (# 2, 3, and 9)</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. The ISDH CASPER report dated 8/1/14-1/31/15 evidenced the agency failed to submit information monthly, and evidenced the agency failed to submit OASIS information for December, 2014 and January, 2015.</li> <li>2. During interview on 3/17/15 at 1:03 PM, employee E, Director of Nursing, indicated the new version of Haven was updated to J-Haven on January 1, 2015,</li> </ol> | G 321         | <p>The Director of Nursing reviewed the policy OASIS- C and Assessment Information Set and has instructed the Admission RN on the policy of conducting the initial comprehensive assessment, resumption of care, transfer and discharge. The Timelines for Completion reviewed to inform the RN will update and revise no less frequently than: During last 5 days of current 60 day certification period follow up, recertification, Within 48 hours of transfer, return home from inpatient stay, death and discharge. The RN Casemanager will be responsible for entering information electronically within 30 days according to policy. OASIS - C information will be transmitted to State per State and Federal Guidelines. All new RN Casemanagers will be trained on policies and procedures of OASIS-C assessments and timely completion for submission</p> | 04/20/2015           |

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|  | <p>and then they began having problems.</p> <p>3. During interview on 3/18/15 at 11:15 AM, employee E indicated they have not printed off any validation reports since December, she does not know how to print or review error reports, and they did not know that December and January OASIS did not go through submission to the state. Employee E indicated they have been receiving messages confirming the information was complete.</p> <p>4. On 3/18/15 at 9:15 AM, final validation OASIS reports for patient #s 1, 2, 3, 6, 9, and 10 were requested.</p> <p>A. The OASIS Agency Final Validation Report dated 3/19/15 for patient #2, start of care date (SOC) 12/5/14 evidenced the SOC OASIS information for 12/5/14 was not submitted until 3/19/15, over 30 days after M0090.</p> <p>B. The OASIS Agency Final Validation Report dated 3/19/15 for patient #3, SOC 10/1/13 evidenced the recertification OASIS information for 11/24/14 was not submitted until 3/19/15, over 30 days after M0090.</p> <p>C. The OASIS Agency Final Validation Report dated 3/19/15 for</p> |   | <p>to state by DON/ADON. All outstanding/ current OASIS-C information will be transmitted within the 30 Day period and The DON/ADON will track assessments Monthly and submit according to State and Federal guidelines to ensure that this deficiency will not recur.</p> |   |  |   |  |

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| N 000              | <p>patient #9, SOC 4/28/14 evidenced the transfer to hospital OASIS information for 11/6/14 was not submitted until 3/19/15, over 30 days after M0090.</p> <p>D. As of 3/23/15 at 11:00 AM, the remaining OASIS final validation reports requested had not been made available.</p> <p>5. During interview on 3/19/15 at 9:10 AM, ISDH Technical Help Desk confirmed the agency had not submitted December and January OASIS reports in J-Haven.</p> <p>6. The agency's policy titled "OASIS-C Outcome and Assessment Information Set," # 17, effective 12/2011, states, "Procedure: ... P. The home health agency will electronically report all OASIS-C information in accordance with Sec 484.55. Q. OASIS-C information will be transmitted to State per State and Federal guidelines-see attachment Table 1A."</p> <p>7. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> |               |   |                      |

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| Bldg. 00           | <p>This was a home health state license survey.</p> <p>Survey Dates: March 17, 18, 19, 20, and 23, 2015.</p> <p>Facility Number: IN012746</p> <p>Medicaid Number: 201061990A</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type:<br/>Skilled: 16<br/>Home Health Aide Only: 19<br/>Personal Service Only: 0<br/>Total: 35</p> <p>Sample:<br/>RR w/HV: 5<br/>RR w/o HV: 6<br/>Total: 11</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>March 31, 2015</p> | N 000         |   |                      |
| N 470<br>Bldg. 00  | <p>410 IAC 17-12-1(m)<br/>Home health agency<br/>administration/management<br/>Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in</p>  |               |   |                      |

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|                    | <p>compliance with applicable federal and state laws.</p> <p>Based on observation, policy review, and interview, the agency failed to ensure all personnel followed infection control practices for 2 of 5 home visit observations. (#1, and 2)</p> <p>Findings include</p> <ol style="list-style-type: none"> <li>1. During home visit observation with patient #1 on 3/18/15 at 12:00 PM, employee D, a licensed practical nurse, was observed administering eye drops to the patient. Employee D donned gloves, administered eye drops, removed gloves and proceeded to don new gloves. Employee D failed to wash hands or use hand sanitizer after removing gloves.</li> <li>2. During home visit observation with patient # 2 on 3/19/15 at 10:30 AM, employee G, a home health aide, was observed providing a bed bath. Employee G washed the patient's upper torso and legs, removed the Depend, washed the upper thighs and underneath the abdominal folds, then proceeded to wash the patient's perineal area. Employee G failed to change the bath water prior to cleansing the perineal area.</li> <li>3. During interview on 3/20/15 at 11:45 AM, employee E, Director of Nursing,</li> </ol> | N 470         | <p>The Director of Nursing has completed a inservice 4/9/14 for active employees to review Infection Control practices, Bathing and Grooming. Nursing staff will focus on washing hands "with or without water". A additional inservice will be held 4/16/15 for remaining active staff members to ensure the proper utilization of infection control practices and HHA's will review the policy in reference to Bathing and Grooming. Staff will review the practices for protection of both themselves and the community from infectious or communicable diseases. In addition, protect clients who may be immunocompromised due to disease, age, or</p> | 04/20/2015           |

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| N 494<br><br>Bldg. 00  | <p>indicated all employees should be washing hands or using sanitizer in between glove changes.</p> <p>4. During interview on 3/20/15 at 11:50 AM, employee E indicated bed bath water should be changed prior to washing private areas.</p> <p>5. The agency's policy titled "Handwashing," approved April 2010, states, "If wearing gloves, always wash hands after removal of gloves."</p> <p>6. The agency's policy titled "Bathing and Grooming," approved April 2010, states, "Cleansing Bed Bath ... 12. Wash the patient's back, buttocks, and perineal area. Change the water at least once during the procedure."</p> <p>As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> <p>410 IAC 17-12-3(a)(1)&amp;(2)<br/>Patient Rights<br/>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</p> |   | <p>medical treatment. HHA's will properly perform bathing and grooming duties according to policy and procedure. Yearly inservices such as Standard Precautions will be conducted yearly with all active homecare staff and will be tracked by Human Resources in employee files and the DON will be notified of any staff that is not current immediately to remain compliant and ensure that this deficiency does not recur. Employee files will be reviewed quarterly for compliance by HR.</p> |                      |   |

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|                    | <p>home health agency must protect and promote the exercise of these rights and shall do the following:</p> <p>(1) Provide the patient with a written notice of the patient's right:</p> <p>(A) in advance of furnishing care to the patient; or</p> <p>(B) during the initial evaluation visit before the initiation of treatment.</p> <p>(2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on observation, admission packet review, policy review, and interview, the agency failed to ensure patients received the current revision for Advance Directives for 4 of 5 observations. (# 1, 2, 4, and 5)</p> <p>Findings include</p> <p>1. The agency's admission packet contained the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date, and the packet failed to contain the most current document revised July, 2013.</p> <p>A. During home visit #1 on 3/18/15 at 12:00 PM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the</p> | N 494         | <p>The Director of Nursing reviewed the policy and procedure for Advance Directives. Inservices will be completed to inform nursing staff to advise RN Casemanager or DON if a client does not have the most recent updated Advance Directive informational packet with admissin folder in the home. All patients will receive the most recent updated version of Advance Directives Your Right to Decide. Dated, July 1 2013.,by 4/20/15. Inservices will be conducted 4/2/15 and 4/9/15 for all nursing</p> | 04/20/2015           |

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|                    | <p>most current document revised July, 2013.</p> <p>B. During home visit #2 on 3/19/15 at 10:30 AM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>C. During home visit #4 on 3/19/15 at 1:00 PM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>D. During home visit #5 on 3/20/15 at 9:30 AM, the admission packet was observed to obtain the document titled "Indiana State Department of Health ... Advance Directives Your Right to Decide." This document failed to contain a date. The packet failed to contain the most current document revised July, 2013.</p> <p>2. During interview on 3/17/15 at 1:00</p> |               | <p>staff. The Compliance Coordinator will ensure yearly that all admission documents are current with the most recent version and will notify the DON of any known changes immediately to update client folders. This will ensure that we as a Agency, can prevent this deficiency and it will not recur.</p> |                      |

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| N 522<br>Bldg. 00  | <p>PM, employee E, the Director of Nursing, indicated the human resources puts the packets together and should have the updated version in the packets.</p> <p>3. The agency's policy titled "Advance Directive," approved 2014, states, "Procedure ... Patients will be given information before care is provided to them to ensure that all patients understand their rights under Indiana Law, and to better enable them to make decisions concerning their medical care."</p> <p>As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> <p>410 IAC 17-13-1(a)<br/>Patient Care<br/>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:<br/>Based on clinical record review, policy review, and interview, the agency failed to ensure care followed a written plan of care established by a doctor of medicine in 1 of 11 clinical records reviewed. (# 2)</p> | N 522         | The Director of Nursing has conducted a mandatory inservice 4/9/15 to review policy and procedure 484.18. Patients are accepted for | 04/20/2015           |

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|                    | <p>Findings include</p> <ol style="list-style-type: none"> <li>Clinical record # 2, start of care 12/5/14, contained a plan of care for the certification period 2/3-4/3/15 with orders for Skilled Nursing (SN), 1 time weekly to set up medication, and check vital signs to include pulse oximetry. <ul style="list-style-type: none"> <li>A. The SN note dated 2/13/15 failed to evidence the pulse oximetry was obtained.</li> <li>B. The SN note dated 3/6/15 failed to evidence the pulse oximetry was obtained.</li> </ul> </li> <li>During interview on 3/20/15 at 12:15 PM, employee E, the Director of Nursing, stated she does not know why the pulse oximetry was not recorded.</li> <li>The agency's policy titled "Physician Orders," # 25, dated 12/2011, states, "Policy: A. Agency staff will administer services and treatments only as ordered by the physician."</li> <li>As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</li> </ol> |               | <p>treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. The nurses will be instructed on adhering to the written Plan of Care established and periodically reviewed by the physician. A additional inservice will be conducted 4/16/15 for staff that were unable to attend the one previous. The DON or ADON will review skilled nurse notes weekly to ensure compliance with physician orders according to policy and procedure to ensure that this deficiency does not recur. Charts will be audited by Compliance Coordinator biweekly and notify DON/ADON of corrections that may</p> |                      |

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| N 524<br>Bldg. 00  | <p>410 IAC 17-13-1(a)(1)<br/>Patient Care<br/>Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff.<br/>(B) Include all services to be provided if a skilled service is being provided.<br/>(B) Cover all pertinent diagnoses.<br/>(C) Include the following:</p> <p>(i) Mental status.<br/>(ii) Types of services and equipment required.<br/>(iii) Frequency and duration of visits.<br/>(iv) Prognosis.<br/>(v) Rehabilitation potential.<br/>(vi) Functional limitations.<br/>(vii) Activities permitted.<br/>(viii) Nutritional requirements.<br/>(ix) Medications and treatments.<br/>(x) Any safety measures to protect against injury.<br/>(xi) Instructions for timely discharge or referral.<br/>(xii) Therapy modalities specifying length of treatment.<br/>(xiii) Any other appropriate items.</p> <p>Based on observation, clinical record review, and policy review, the agency failed to ensure all durable medical equipment (DME) is listed on the plan of care (POC) for 1 of 11 clinical records reviewed. (# 3)</p> | N 524         | <p>need to be made by RN Casemanager or skilled nurse. Notes will be corrected within 1 week to remain compliant.</p> <p>The Director of Nursing has conducted a inservice 4/9/15 with the admitting RN to review policy 484.10 Standard:</p> | 04/20/2015           |

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| NAME OF PROVIDER OR SUPPLIER<br><br>AT HOME HEALTH CARE AGENCY LLC |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5800 FAIRFIELD AVENUE, STE 140<br>FORT WAYNE, IN 46807  |                      |   |
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|  | <p>Findings include</p> <p>1. Clinical record # 3, start of care 10/1/13, contained a POC for the certification period 1/25-3/25/15 with the following DME: Walker, Catheter supplies, Diabetic supplies, Hospital Bed, Quad cane, toilet seat riser, tub transfer bench, back brace, TENS unit, OSHA kit, and Foley catheter.</p> <p>A. During home visit observation on 3/19/15 at 12:00 PM, a Hoveround scooter was observed in the home. The POC failed to evidence the Hoveround scooter listed under DME on the POC.</p> <p>B. During interview on 3/20/15 at 12:00 PM, patient # 3 indicated they use the Hoveround to go outside for walks, or for appointments.</p> <p>2. The agency's policy titled "Care Planning," # 22, dated 12/2011, states, "Procedure: A. The care plan is individualized and shall include: ... 13. Medication, treatment procedures, supplies and equipment."</p> <p>3. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there was no further information to submit for review.</p> |   | <p>Plan of care which covers pertinent diagnoses, including mental status, types of services and equipment required... All DME should be included on POC to be in conformance with physician orders. There will be periodic review of total plan of care by the attending physician and HHA personnel atleast every 60 days or more frequently if needed. All active charts will be reviewed for accuracy of POC standards and updated if needed for next certification period and a order written to include DME to current POC if it is not listed. POC's will be reviewed by the to RN Casemanager every 60 days at recertification or any other change of condition, for completeness. The</p> |                      |   |

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| N 542<br>Bldg. 00  | <p>410 IAC 17-14-1(a)(1)(C)<br/>Scope of Services<br/>Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following:<br/>(C) Initiate the plan of care and necessary revisions.</p> <p>Based on observation, clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (RN) initiated the Home Health Aide Care Plan within 5 days of admission to the agency for 1 of 11 clinical records reviewed receiving HHA services. (# 2)</p> <p>Findings include</p> <p>1. Clinical record #2, start of care 12/5/14, contained a plan of care dated 2/3-4/3/15 with orders for HHA 6 days per week, 10 hours Monday through</p> | N 542         | <p>compliance coordinator with notify the DON/ADON of any corrections that need to be made to charts that are audited biweekly thereafter to ensure that this deficiency does not recur.</p> <p>The Director of Nursing has conducted an inservice 4/9/15 with the admitting RN to review the admission policy, the written POC, all documents that are to be included in the admission folder and all information must be updated with all new information when a client is discharged and readmitted to HHA. A old POC for Homehealth</p> | 04/20/2015           |

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|  | <p>Friday and 5 hours on Saturday to assist client with activities of daily living, meal preparation, and light housekeeping.</p> <p>During home visit observation on 3/20/15 at 10:30 AM, the HHA Care Plan in the home was dated 4/5/14. The home folder failed to evidence a new HHA Care Plan had been delivered to the home.</p> <p>2. During interview on 3/20/15 at 11:50 AM, employee E, the Director of Nursing, indicated patient # 2 had been a prior patient but had been discharged due to Medicaid ran out. Employee E indicated when the patient readmitted to the agency, there were no changes from the previous Aide Care Plan, so the agency just used that one.</p> <p>3. The agency's policy titled "Care Planning," # 22, dated 12/2011, states, "Q. Care Plans must be reviewed when:<br/>... 3. Patient is discharged, transferred and readmitted/resumption of care during the same 60 day episode a minimum of 5 days prior to recertification date. ... S. Review of the Care Plan is the responsibility of the Director of Nursing or Designee."</p> <p>4. As of 3/23/15 at 11:25 AM, employee E, Director of Nursing, indicated there</p> |   | <p>aides cannot be used even when services will remain the same. A new Aide care plan must be placed in the home folder. The DON/ADON will provide training for any newly hired Admitting RN on policy of admission and documents required within 5 days. All home folders of active patients will be reviewed for most recent and accurated information in accordance with company policy and updated to remain in compliance with State Regulations. The RN casemanager will be responsible for ensuring all home folders are up to date and in compliance to ensure that this deficiency does not recur.</p> |                      |   |

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|  | was no further information to submit for review.   |   |   |                      |   |