

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157611	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/25/2015
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NAME OF PROVIDER OR SUPPLIER  NORTHWEST HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9011 INDIANAPOLIS BOULEVARD, SUITE B HIGHLAND, IN 46322
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G 0000  Bldg. 00	<p>This was a Federal home health recertification survey.</p> <p>Survey Dates: 11/20/15 and 11/23-25/15.</p> <p>Facility #: 6647</p> <p>Medicaid Vendor #: N/A</p> <p>Unduplicated Census: 160</p> <p>Records reviewed without home visits: 7</p> <p>Records reviewed with home visits: 6</p> <p>Total records reviewed: 13</p>	G 0000		
G 0121  Bldg. 00	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. Based on interview, observation, and record review the agency failed to ensure the registered nurse (RN), employee C, followed their own infection control and standard precautions policies in 1 of 6 (#1) home visit observations.</p>	G 0121	<p>During the emergency meeting on November 26, 2015 the Director of Nursing/ Administrator discussed, reviewed and an In-service conducted regarding The Agency Policy titled: a. Standard Precautions for all Healthcare workers.b. Recommended Equipment for</p>	11/26/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>1. A home visit observation was made on 11/20/15 at 4:15 PM with patient #1 and employee C, RN. While providing wound care to the patient's right leg, employee C dropped the #1 Profore wrap (the first layer of a three step wrap wound care kit that goes directly against the patient's skin) on the patient's carpeted floor. When the wrap fell on the carpet, employee C picked it up and continued to wrap the patient's leg. Employee C also failed to disinfect hands between glove changes during wound care to both legs.</p> <p>2. Interview on 11/23/15 at 12:45 PM, with employee A, administrator, indicated that employee C, RN was probably nervous. Employee A, also indicated that there is always another Profore kit in the home for the nurse to use if the supplies become contaminated as when the wrap was dropped on the floor.</p> <p>3. Interview on 11/25/15 at 1:30 PM, with employee C, RN, confirmed that he/she did drop the #1 Profore wrap on the floor and picked it up and continued to wrap the patient's leg with it. Employee C indicated he/she didn't realize it fell on the carpet. Employee C also confirmed that he/she did not wash his/her hands or disinfect them with</p>		<p>Home Care (PPE).c. Infection Control/ Maintenance of Environment Equipment d. Handwashing e. Bag Technique f. Personal Protective Equipment ( See attachments ) for Policies and ProceduresThe Director of Nursing/ Administrator shall ensure that the Home Health Agency and its staffs must comply with accepted professional standards and principles that apply to professionals furnishing services in a Home Health Agency.The Director of Nursing/ Administrator will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on 11/26/2015</p>				

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N 0000  Bldg. 00	<p>sanitizer between glove changes during the wound care to both legs.</p> <p>4. Agency policy titled "STANDARD PRECAUTIONS FOR ALL HEALTH CARE WORKERS", not dated, states, "Assume ... When gloves are removed, thorough hand washing is required ... ."</p> <p>5. Agency policy titled "RECOMMENDED EQUIPMENT FOR HOME CARE (PPE)", not dated, states, "Personal protective equipment ... Hand washing: Before and after patient contact, when soiled, and immediately after removing gloves. Use alcohol based cleaner as a substitute when hands are not soiled ... ."</p> <p>6. Agency policy titled "INFECTION CONTROL/MAINTENANCE OF ENVIRONMENT EQUIPMENT", not dated, states, "Policy: Northwest Home Health Care, Inc. staff members implement infection control and maintenance procedures ... Appropriate client wound and skin dressing techniques ... ."</p> <p>This was a State home health re-licensure survey.</p>	N 0000			

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N 0470 Bldg. 00	<p>Survey Dates: 11/20/15 and 11/23-25/15.</p> <p>Facility #: 6647</p> <p>Unduplicated Census: 160</p> <p>Records reviewed without home visits: 7</p> <p>Records reviewed with home visits: 6</p> <p>Total records reviewed: 13</p> <p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on interview, observation, and record review the agency failed to ensure the registered nurse (RN), employee C, followed their own infection control and standard precautions policies in 1 of 6 (#1) home visit observations.</p> <p>Findings include:</p> <p>1. A home visit observation was made on 11/20/15 at 4:15 PM with patient #1 and employee C, RN. While providing wound care to the patient's right leg, employee C dropped the #1 Profore wrap (the first layer of a three step wrap wound care kit that goes directly against the patient's</p>	N 0470	<p>During the emergency meeting on November 26, 2015 the Director of Nursing/ Administrator discussed, reviewed and an In-service conducted regarding The Agency Policy titled: a. Standard Precautions for all Healthcare workers.b. Recommended Equipment for Home Care (PPE).c. Infection Control/ Maintenance of Environment Equipment d. Handwashing e. Bag Technique f. Personal Protective Equipment</p> <p>( See attachments ) for Policies and ProceduresThe Director of Nursing/ Administrator shall</p>	11/26/2015

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	<p>skin) on the patient's carpeted floor. When the wrap fell on the carpet, employee C picked it up and continued to wrap the patient's leg. Employee C also failed to disinfect hands between glove changes during wound care to both legs.</p> <p>2. Interview on 11/23/15 at 12:45 PM, with employee A, administrator, indicated that employee C, RN was probably nervous. Employee A, also indicated that there is always another Profore kit in the home for the nurse to use if the supplies become contaminated as when the wrap was dropped on the floor.</p> <p>3. Interview on 11/25/15 at 1:30 PM, with employee C, RN, confirmed that he/she did drop the #1 Profore wrap on the floor and picked it up and continued to wrap the patient's leg with it. Employee C indicated he/she didn't realize it fell on the carpet. Employee C also confirmed that he/she did not wash his/her hands or disinfect them with sanitizer between glove changes during the wound care to both legs.</p> <p>4. Agency policy titled "STANDARD PRECAUTIONS FOR ALL HEALTH CARE WORKERS", not dated, states, "Assume ... When gloves are removed, thorough hand washing is required ... ."</p>		<p>ensure that policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. The Director of Nursing/ Administrator will be responsible for implementing, maintaining and reinforcing these corrective actions to ensure that these deficiencies are corrected and will not recur effective after the In-Service meeting to all the staffs on 11/26/2015</p>	

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	<p>5. Agency policy titled "RECOMMENDED EQUIPMENT FOR HOME CARE (PPE)", not dated, states, "Personal protective equipment ... Hand washing: Before and after patient contact, when soiled, and immediately after removing gloves. Use alcohol based cleaner as a substitute when hands are not soiled ... ."</p> <p>6. Agency policy titled "INFECTION CONTROL/MAINTENANCE OF ENVIRONMENT EQUIPMENT", not dated, states, "Policy: Northwest Home Health Care, Inc. staff members implement infection control and maintenance procedures ... Appropriate client wound and skin dressing techniques ... ."</p>				