STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/18/2013
NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 E 4TH ST STE 111 HUNTINGBURG, IN 47542	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G000000	This was a federal home health recertification survey. This was a partial extended survey. Survey Dates: 4-16-13, 4-17-13, and 4-18-13 Facility #: 005362 Medicaid Vendor #: 200845210A Surveyor: Vicki Harmon, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN April 29, 2013	G000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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G000121	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 observation, agency policy review, and Centers for Disease Control (CDC) document review, the agency failed to ensure its staff followed infection control policies and procedures during the provision of care in 3 (#s 2, 3, and 4) of 5 home visits completed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. The Centers for Disease Control "Standards Precautions" states, "IV. Standard Precautions . . . IV.A. Hand Hygiene. IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . . Perform hand hygiene: IV.A.3.a. Before having direct contact with patients. IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings. IV.A.3.c. After contact with a patient's	G000121	G0121 The Director of Nursing will inservice staff including all agency home health aides/nurses regarding the practice to prevent the transmission of infections including use of standard precautions. The training/inservice of staff will include review of the following for home health aides: "Bathing Facts Sheet" which directs the home health aides in the sequencing of the bathing process; Each home health aide will complete a post-test following the training of patient bathing; Each home health aide will give return demonstration of handwashing technique as part of their competency review. The nurse/aide training will consist of review of the infection control policy and the standard precautions set forth by the Centers for Disease Control. The Director of Nursing will be responsible to complete an on-site observation of all nurses/aides monitoring standard precautions. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will	05/17/2013

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	intact skin (e.g., when taking a pulse or blood pressure or lifting a patient). IV.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care. IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. IV.A.3.f. After removing gloves . . . IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently . . . IV.B. Personal protective equipment (PPE) . . . IV.B.2. Gloves. IV.B.2.a. Wear gloves when it can be reasonably anticipated that contact with blood or potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin . . . could occur. 2. The agency's March 2009 "Infection Control Plan" policy number 1-C-002 states, "All employees will follow established infection control procedures . . . Standard Precautions . . . Hand Hygiene Employees will be taught hand washing and hygiene techniques based on CDC guidelines . . . Gloves should be worn when there is direct contact with a patient		not recur.	

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	or potentially hazardous waste materials." 3. A home visit was made to patient number 2 on 4-16-13 at 1:25 PM, Central Time (CT), with employee B, a registered nurse (RN). The RN was observed to fill the patient's medication planner. The RN washed her hands and arranged the medication bottles in a row in preparation for filling the medication planner. The RN poured the first medication into her bare hands and placed a pill into each of the dividers in the medication planner. The RN then donned clean gloves without cleansing her hands and continued to fill the medication planner. 4. A home visit was made to patient number 3 on 4-17-13 at 9:20 AM, CT, with employee C, a RN. The RN was observed to change a dressing to the top of the patient's head utilizing vacuum assisted wound closure therapy. The RN was observed to prepare the patient's counter space to place her supplies by cleansing the area with a bleach soaked cloth. The RN obtained the supplies to be used for the dressing change from a box in the patient's home and placed them onto the counter space. The RN then donned clean gloves without cleansing her hands. A. The RN was observed to open the			

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	black foam package retrieved from the supply box stored in the patient's home. The RN then donned clean gloves without cleansing her hands. The RN cut the black foam to size and removed her gloves. The RN failed to cleanse her hands after removing her gloves. She then retrieved a small trash bag, soap, and more gloves. B. After washing her hands and donning clean gloves, the RN partially removed the old dressing. The RN removed her gloves and cleansed her hands. She then retrieved a paper towel from the patient's supply and handed it to the patient. The RN then donned clean gloves without cleansing her hands. C. After completing the dressing change the RN removed her gloves and, without cleansing her hands, touched the machine to turn the suction on. 5. A home visit was made to patient number 4 on 4-17-13 at 10:55 AM, CT, with employee D, a home health aide. The aide was observed to provide a bed bath to the patient. The aide was observed to change her gloves multiple times throughout the bath; however, the aide was not observed to cleanse her hands after removing the old gloves and prior to donning clean gloves.			

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	6. The home visit observations were discussed with the administrator, employee A, on 4-16-13 at 2:50 PM, CT, and 4-17-13 at 12:05 PM, CT. The administrator indicated the employees had not provided care in accordance with standard precautions as required by agency policy.			

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G000143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Based on clinical record review and interview, the agency failed to ensure it had coordinated with another provider of services in 1 (# 7) of 1 records reviewed of patients that received dialysis services creating the potential to affect all patients that received home health and dialysis services. The findings include: 1. Clinical record number 7 evidenced diagnoses of chronic obstructive bronchitis and end stage renal disease and that skilled nursing (SN) services had been provided during the certification periods 11-16-12 to 1-14-13 and 1-15-13 to 3-15-13. The record evidenced the patient received dialysis treatments 3 times per week. The record evidenced home health services had been placed on hold 1-18-13 due to the patient being hospitalized with a subsequent discharge from the agency on 3-15-13. 2. The plan of care for the certification period 11-16-12 to 1-14-13 evidenced the physician had prescribed Megace, an appetite stimulant, 2 teaspoons twice	G000143	G0143 The Director of Nursing will inservice staff regarding the need for documentation of collaboration of care with other providers of services to patients. 5 charts or 10% of clinical records will be reviewed quarterly to ensure that documentation reflects coordination of care with other providers of services. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrected and will not recur.	05/17/2013

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	daily. A SN visit note dated 11-19-12 noted the patient "continues on Megace for appetite stimulation." A. A SN visit note dated 11-27-12 states, "Weight 132 lbs [pounds] today, same as last visit weight made this RN, but down 10 lbs from last week, [spouse] states last week wt [weight] was taken with thicker clothes et [and] shoes on. Wt was also prior to dialysis appt [appointment]." B. A SN visit note dated 1-3-13 states, "Weight 136 down 4 lbs from [spouse's] weight . . . client is now being dialyzed longer than before." C. A SN visit note dated 1-14-13 states, "Continues w/ [with] dialysis 3Xwk [times per week] recently increased time." 3. The record failed to evidence the home health registered nurse had coordinated with the dialysis facility to learn, and assist the patient to maintain, the patient's target weight (the patient's desired weight after a dialysis treatment and the removal of excess fluid). 4. The administrator, employee A, indicated, on 4-18-13 at 11:20 AM, CT, the record did not evidence coordination			

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	with the dialysis facility.			

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G000158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record and agency policy review and interview, the agency failed to ensure treatments had been administered as ordered by the physician in 1 (# 9) of 10 records reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. Clinical record number 9 included a plan of care established by the physician for the certification period 3-19-13 to 5-17-13 with orders for skilled nurse (SN) visits 4 times per week for 1 week and then 2 times per week for 8 weeks. The plan of care evidenced the SN was to, "Cleanse RT [right] knee w/ [with] saline apply dry dressing using clean technique change daily et [and] prn [as needed] X 2 weeks and cleanse area rt lower leg w/ saline apply Optifoam cut to size secure w/ tape change QD [every day] X 2 weeks using clean technique." Skilled nurse visit notes, dated 3-19-13, 3-20-13, 3-21-13, 3-22-13, 3-25-13, 3-28-13, and 4-1-13, failed to	G000158	G0158 The Director of Nursing will inservice staff, including nursing and therapy, to ensure treatments are administered as established by the written plan of care and as ordered by the physician (i.e. wound care, treatments). 5 charts or 10% of clinical records will be reviewed to ensure staff are administering medical treatments as established by the written plan of care and as ordered by physician (i.e. wound care, treatments). The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

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	evidence the wound care to the right lower leg had been completed. 2. The administrator, employee A, stated, on 4-18-13 at 12;35 PM, Central Time, "It appears there was a surgical wound on the right knee and a stasis ulcer on the right lower leg." The administrator indicated the SN visit notes did not evidence the wound care to the right lower leg had been completed as ordered. 3. The agency's May 2010 "Plan of Care" policy number B-019 states, "Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine."			

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G000159	484.18(a) PLAN OF CARE 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. Based on clinical record and agency policy review and interview, the agency failed to ensure plans of care included all medications in 2 (#s 6 & 7) of 10 records reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. Clinical record number 6 included a "Client Medication Report" dated 4-11-13 that included Keflex 250 milligrams (mg) 4 times per day and Novolog 7 Flexpen subcutaneous (SQ) 7 units SQ with breakfast and lunch and 9 units at dinner. A. The plan of care, established by the physician for the certification period 4-11-13 to 6-9-13, failed to include the Keflex and failed to include the dosage and frequency for the Novolog pen. B. The administrator, employee A,	G000159	G0159 The Director of Nursing will inservice staff to ensure documentation of plans of care include all medications. 5 charts or 10% of clinical records will be reviewed quarterly to ensure staff are documenting the plan of care to include all medications as ordered by physician. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

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	indicated, on 4-17-13 at 2:55 PM, Central Time (CT), the plan of care did not include the Keflex or the dosage and frequency for the Novolog pen. 2. Clinical record number 7 included a "Client Medication Report" dated 11-16-12 that included instructions for the administration of Clonidine. The report states, "Clonidine 0.1 mg [milligram] PO [by mouth] daily - hold if SBP [systolic blood pressure] is less than 150 and hold prior to dialysis." A. The "Client Medication Report" included special instructions for the administration of Renvela. The report states, "take 2 tablets twice a day with snack take 3 tablets PO three times a day with meals." B. A. The plan of care, established by the physician for the certification period 11-16-12 to 1-14-13, failed to include the special instructions related to the administration of the Clonidine and the Renvela. C. The administrator, employee A, was unable to provide any additional documentation and/or information when asked on 4-18-13 at 11:20 AM, CT. 3. The agency's May 2010 "Plan of Care"			

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	policy number 1-B-019 states, "The Plan of Care will be completed in full to include: . . . medications (including over-the-counter), treatments, and procedures."			

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G000170	484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse (RN) had provided treatments as ordered by the physician in 1 (# 9) of 10 records reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. Clinical record number 9 included a plan of care established by the physician for the certification period 3-19-13 to 5-17-13 with orders for skilled nurse (SN) visits 4 times per week for 1 week and then 2 times per week for 8 weeks. The plan of care evidenced the SN was to, "Cleanse RT [right] knee w/ [with] saline apply dry dressing using clean technique change daily et [and] prn [as needed] X 2 weeks and cleanse area rt lower leg w/ saline apply Optifoam cut to size secure w/ tape change QD [every day] X 2 weeks using clean technique." Skilled nurse visit notes, dated 3-19-13, 3-20-13, 3-21-13, 3-22-13, 3-25-13, 3-28-13, and 4-1-13, failed to evidence the wound care to the right lower leg had been completed.	G000170	G0170 The Director of Nursing will inservice nursing staff to ensure the registered nurse (RN) provides treatments as written/established on the plan of care and as ordered by the physician. 5 charts or 10% of clinical records will be reviewed to ensure the registered nurse (RN) is providing treatments as written/established on the plan of care and as ordered by the physician. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

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	2. The administrator, employee A, stated, on 4-18-13 at 12;35 PM, Central Time, "It appears there was a surgical wound on the right knee and a stasis ulcer on the right lower leg." The administrator indicated the SN visit notes did not evidence the wound care to the right lower leg had been completed as ordered. 3. The agency's May 2010 "Plan of Care" policy number B-019 states, "Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine."			

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G000172	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs. Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse reevaluated the patient's needs within the last 5 days of the 60 day recertification period in 1 (# 5) of 6 records reviewed of patients that had been on service for longer than 60 days creating the potential to affect all of the agency's patients receiving services longer than 60 days. The findings include: 1. Clinical record number 5 evidenced a start of care date of 7-30-12 and that the physician had ordered services to be continued through the 3-27-13 to 5-25-13 certification period. The record failed to evidence the comprehensive assessment had been updated within the last 5 days of the previous certification period, 1-26-13 to 3-26-13, as required. 2. The administrator, employee A, indicated, on 4-17-13 at 3:15 PM, Central Time, the comprehensive assessment had not been updated within the last 5 days of the previous certification period as required.	G000172	G0172 The Director of Nursing will inservice staff to ensure the registered nurse (RN) reevaluates the patient's needs within the last 5 days of the 60 day recertification. 10% or 5 charts will be reviewed to ensure the registered nurse (RN) is reevaluating the patient's needs within the last 5 days of the 60 day recertification. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/18/2013
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	3. The agency's May 2011 "Assessment and Reassessment / OASIS Data" policy number 1-B-003 states, "A Recertification assessment will be done within the last five days of every 60-day episode beginning with the Start of Care date."			

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G000176	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. Based on clinical record review and interview, the agency failed to ensure the registered nurse had coordinated with another provider of services in 1 (# 7) of 1 records reviewed of patients that received dialysis services creating the potential to affect all patients that received home health and dialysis services. The findings include: 1. Clinical record number 7 evidenced diagnoses of chronic obstructive bronchitis and end stage renal disease and that skilled nursing (SN) services had been provided during the certification periods 11-16-12 to 1-14-13 and 1-15-13 to 3-15-13. The record evidenced the patient received dialysis treatments 3 times per week. The record evidenced home health services had been placed on hold 1-18-13 due to the patient being hospitalized with a subsequent discharge from the agency on 3-15-13. 2. The plan of care for the certification period 11-16-12 to 1-14-13 evidenced the physician had prescribed Megace, an	G000176	G0176 The Director of Nursing will inservice staff (registered nurses) regarding the need for documentation of coordination of care with other providers of services to patients. 5 charts or 10% of clinical records will be reviewed quarterly to ensure that documentation reflects coordination of care with other providers of services. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrected and will not recur.	05/17/2013

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	appetite stimulant, 2 teaspoons twice daily. A SN visit note dated 11-19-12 noted the patient "continues on Megace for appetite stimulation." A. A SN visit note dated 11-27-12 states, "Weight 132 lbs [pounds] today, same as last visit weight made this RN, but down 10 lbs from last week, [spouse] states last week wt [weight] was taken with thicker clothes et [and] shoes on. Wt was also prior to dialysis appt [appointment]." B. A SN visit note dated 1-3-13 states, "Weight 136 down 4 lbs from [spouse's] weight . . . client is now being dialyzed longer than before." C. A SN visit note dated 1-14-13 states, "Continues w/ [with] dialysis 3Xwk [times per week] recently increased time." 3. The record failed to evidence the home health registered nurse had coordinated with the dialysis facility to learn, and assist the patient to maintain, the patient's target weight (the patient's desired weight after a dialysis treatment and the removal of excess fluid). 4. The administrator, employee A, indicated, on 4-18-13 at 11:20 AM, CT,			

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	the record did not evidence coordination with the dialysis facility.			

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G000250	484.52(b) CLINICAL RECORD REVIEW At least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement. Based on agency quality assurance document review and interview, the agency failed to ensure all disciplines had participated in clinical record audits in 2 (October 2012 and February 2013) of 2 audits reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. During the entrance conference with employee A, the administrator, on 4-16-13 at 10:40 AM, Central Time (CT), the administrator indicated the agency provided skilled nursing; home health aide; medical social services; and physical, occupational, and speech therapy services. 2. Clinical record audit documents, dated 10-15-12 and 2-22-13, failed to evidence any physical, occupational, and/or speech therapists or a medical social worker had participated in the clinical record review audits.	G000250	G0250 The Director of Nursing will ensure that at least quarterly appropriate health professionals representing the scope of the program will complete a review of a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services. 10% or 5 clincial records including both active and closed clinical records will be reviewed at least quarterly. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrector and will not recur.	05/17/2013

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	3. The administrator, employee A, indicated, on 4-18-13 at 2:00 PM, CT, a corporate registered nurse completed all of the clinical record audits. The administrator indicated further that the therapists or medical social worker did not participate in the clinical record review audits.			

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G000339	484.55(d)(1) UPDATE OF THE COMPREHENSIVE ASSESSMENT 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 the comprehensive assessment had been updated within the last 5 days of the 60 day recertification period in 1 (# 5) of 6 records reviewed of patients that had been on service for longer than 60 days creating the potential to affect all of the agency's patients receiving services longer than 60 days. The findings include: 1. Clinical record number 5 evidenced a start of care date of 7-30-12 and that the physician had ordered services to be continued through the 3-27-13 to 5-25-13 certification period. The record failed to evidence the comprehensive assessment had been updated within the last 5 days of the previous certification period, 1-26-13 to 3-26-13, as required. 2. The administrator, employee A,	G000339	G0339 The Director of Nursing will inservice staff regarding the requirement to update the comprehensive assessment within the last 5 days of the 60 day recertification period. 10% or 5 charts will be reviewed to enusre the registered nurse is updating the comprehensive assessment within the last 5 days of the 60 day recertification period. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrector and will not recur.	05/17/2013

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	indicated, on 4-17-13 at 3:15 PM, Central Time, the comprehensive assessment had not been updated within the last 5 days of the previous certification period as required. 3. The agency's May 2011 "Assessment and Reassessment / OASIS Data" policy number 1-B-003 states, "A Recertification assessment will be done within the last five days of every 60-day episode beginning with the Start of Care date."			

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G000341	484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge. Based on clinical record review and interview, the agency failed to ensure a transfer assessment had been completed within 48 hours of knowledge of the patient's transfer to an inpatient facility in 1 (#7) of 2 records reviewed of patients that had been transferred to an inpatient facility creating the potential to affect all of the agency's patients who are transferred to an inpatient facility. The findings include: 1. Clinical record number 7 included a "Physician Verbal Order" dated 1-18-13 that evidenced home health services had been placed on hold due to "patient admission to hospital." The record failed to evidence a transfer assessment had been updated within 48 hours of the agency's knowledge of the patient's admission to the hospital. 2. The administrator, employee A, indicated, on 4-18-13 at 10:30 AM, Central Time, a transfer assessment not been completed within the required timeframe. The administrator stated, "I did not get to it."	G000341	G0341 The Director of Nursing will inservice staff regarding the requirement to complete a transfer assessment within 48 hours of knowledge of the patient's transfer to an inpatient facility. 10% or 5 charts will be reviewed to enusre a transfer assessment is completed within 48 hours of the patient transfer to an inpatient facility. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrector and will not recur.	05/17/2013

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N000000				
	This was a State home health re-licensure survey. Survey Dates: 4-16-13, 4-17-13, and 4-18-13 Facility #: 005362 Medicaid Vendor #: 200845210A Surveyor: Vicki Harmon, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN April 29, 2013	N000000		

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N000470	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. Based on observation, agency policy review, and Centers for Disease Control (CDC) document review, the agency failed to ensure its staff followed infection control policies and procedures during the provision of care in 3 (#s 2, 3, and 4) of 5 home visits completed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. The Centers for Disease Control "Standards Precautions" states, "IV. Standard Precautions . . . IV.A. Hand Hygiene. IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . . Perform hand hygiene: IV.A.3.a. Before having direct contact with patients. IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.	N000470	N 0470 The Director of Nursing will inservice staff including all agency home health aides/nurses regarding the practice to prevent the transmission of infections including use of standard precautions. The training/inservice of staff will include review of the following for home health aides: "Bathing Facts Sheet" which directs the home health aides in the sequencing of the bathing process; Each home health aide will complete a post-test following the training of patient bathing; Each home health aide will give return demonstration of handwashing technique as part of their competency review. The nurse/aide training will consist of review of the infection control policy and the standard precautions set forth by the Centers for Disease Control. The Director of Nursing will be responsible to complete an on-site observation of all nurses/aides monitoring standard precautions. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will	05/17/2013

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	IV.A.3.c. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient). IV.3.d. If hands will be moving from a contaminated-body site to a clean-body site during patient care. IV.A.3.e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient. IV.A.3.f. After removing gloves . . . IV.F.5. Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently . . . IV.B. Personal protective equipment (PPE) . . . IV.B.2. Gloves. IV.B.2.a. Wear gloves when it can be reasonably anticipated that contact with blood or potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin . . . could occur. 2. The agency's March 2009 "Infection Control Plan" policy number 1-C-002 states, "All employees will follow established infection control procedures . . . Standard Precautions . . . Hand Hygiene Employees will be taught hand washing and hygiene techniques based on CDC guidelines . . . Gloves should be worn		not recur.	

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	when there is direct contact with a patient or potentially hazardous waste materials." 3. A home visit was made to patient number 2 on 4-16-13 at 1:25 PM, Central Time (CT), with employee B, a registered nurse (RN). The RN was observed to fill the patient's medication planner. The RN washed her hands and arranged the medication bottles in a row in preparation for filling the medication planner. The RN poured the first medication into her bare hands and placed a pill into each of the dividers in the medication planner. The RN then donned clean gloves without cleansing her hands and continued to fill the medication planner. 4. A home visit was made to patient number 3 on 4-17-13 at 9:20 AM, CT, with employee C, a RN. The RN was observed to change a dressing to the top of the patient's head utilizing vacuum assisted wound closure therapy. The RN was observed to prepare the patient's counter space to place her supplies by cleansing the area with a bleach soaked cloth. The RN obtained the supplies to be used for the dressing change from a box in the patient's home and placed them onto the counter space. The RN then donned clean gloves without cleansing her hands.			

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	A. The RN was observed to open the black foam package retrieved from the supply box stored in the patient's home. The RN then donned clean gloves without cleansing her hands. The RN cut the black foam to size and removed her gloves. The RN failed to cleanse her hands after removing her gloves. She then retrieved a small trash bag, soap, and more gloves. B. After washing her hands and donning clean gloves, the RN partially removed the old dressing. The RN removed her gloves and cleansed her hands. She then retrieved a paper towel from the patient's supply and handed it to the patient. The RN then donned clean gloves without cleansing her hands. C. After completing the dressing change the RN removed her gloves and, without cleansing her hands, touched the machine to turn the suction on. 5. A home visit was made to patient number 4 on 4-17-13 at 10:55 AM, CT, with employee D, a home health aide. The aide was observed to provide a bed bath to the patient. The aide was observed to change her gloves multiple times throughout the bath; however, the aide was not observed to cleanse her hands after removing the old gloves and			

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	prior to donning clean gloves. 6. The home visit observations were discussed with the administrator, employee A, on 4-16-13 at 2:50 PM, CT, and 4-17-13 at 12:05 PM, CT. The administrator indicated the employees had not provided care in accordance with standard precautions as required by agency policy.			

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N000486	410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient. Based on clinical record review and interview, the agency failed to ensure it had coordinated with another provider of services in 1 (# 7) of 1 records reviewed of patients that received dialysis services creating the potential to affect all patients that received home health and dialysis services. The findings include: 1. Clinical record number 7 evidenced diagnoses of chronic obstructive bronchitis and end stage renal disease and that skilled nursing (SN) services had been provided during the certification periods 11-16-12 to 1-14-13 and 1-15-13 to 3-15-13. The record evidenced the patient received dialysis treatments 3 times per week. The record evidenced home health services had been placed on hold 1-18-13 due to the patient being hospitalized with a subsequent discharge from the agency on 3-15-13. 2. The plan of care for the certification period 11-16-12 to 1-14-13 evidenced the physician had prescribed Megace, an appetite stimulant, 2 teaspoons twice	N000486	N0486 The Director of Nursing will inservice staff regarding the need for documentation of collaboration of care with other providers of services to patients. 5 charts or 10% of clinical records will be reviewed quarterly to ensure that documentation reflects coordination of care with other providers of services. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrected and will not recur.	05/17/2013

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NAME OF PROVIDER OR SUPPLIER ANGELS OF MERCY HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 E 4TH ST STE 111 HUNTINGBURG, IN 47542	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	daily. A SN visit note dated 11-19-12 noted the patient "continues on Megace for appetite stimulation." A. A SN visit note dated 11-27-12 states, "Weight 132 lbs [pounds] today, same as last visit weight made this RN, but down 10 lbs from last week, [spouse] states last week wt [weight] was taken with thicker clothes et [and] shoes on. Wt was also prior to dialysis appt [appointment]." B. A SN visit note dated 1-3-13 states, "Weight 136 down 4 lbs from [spouse's] weight . . . client is now being dialyzed longer than before." C. A SN visit note dated 1-14-13 states, "Continues w/ [with] dialysis 3Xwk [times per week] recently increased time." 3. The record failed to evidence the home health registered nurse had coordinated with the dialysis facility to learn, and assist the patient to maintain, the patient's target weight (the patient's desired weight after a dialysis treatment and the removal of excess fluid). 4. The administrator, employee A, indicated, on 4-18-13 at 11:20 AM, CT, the record did not evidence coordination			

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	with the dialysis facility.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/18/2013
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N000522	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record and agency policy review and interview, the agency failed to ensure treatments had been administered as ordered by the physician in 1 (# 9) of 10 records reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. Clinical record number 9 included a plan of care established by the physician for the certification period 3-19-13 to 5-17-13 with orders for skilled nurse (SN) visits 4 times per week for 1 week and then 2 times per week for 8 weeks. The plan of care evidenced the SN was to, "Cleanse RT [right] knee w/ [with] saline apply dry dressing using clean technique change daily et [and] prn [as needed] X 2 weeks and cleanse area rt lower leg w/ saline apply Optifoam cut to size secure w/ tape change QD [every day] X 2 weeks using clean technique." Skilled nurse visit notes, dated 3-19-13, 3-20-13, 3-21-13, 3-22-13, 3-25-13, 3-28-13, and 4-1-13, failed to	N000522	N 0522 The Director of Nursing will inservice staff, including nursing and therapy, to ensure treatments are administered as established by the written plan of care and as ordered by the physician (i.e. wound care, treatments). 5 charts or 10% of clinical records will be reviewed to ensure staff are administering medical treatments as established by the written plan of care and as ordered by physician (i.e. wound care, treatments). The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/18/2013
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	evidence the wound care to the right lower leg had been completed. 2. The administrator, employee A, stated, on 4-18-13 at 12;35 PM, Central Time, "It appears there was a surgical wound on the right knee and a stasis ulcer on the right lower leg." The administrator indicated the SN visit notes did not evidence the wound care to the right lower leg had been completed as ordered. 3. The agency's May 2010 "Plan of Care" policy number B-019 states, "Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/18/2013
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N000524	410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on clinical record and agency policy review and interview, the agency failed to ensure plans of care included all medications in 2 (#s 6 & 7) of 10 records reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. Clinical record number 6 included a "Client Medication Report" dated 4-11-13 that included Keflex 250 milligrams (mg)	N000524	N0524 The Director of Nursing will inservice staff to ensure documentation of plans of care include all medications. 5 charts or 10% of clinical records will be reviewed quarterly to ensure staff are documenting the plan of care to include all medications as ordered by physician. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

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	4 times per day and Novolog 7 Flexpen subcutaneous (SQ) 7 units SQ with breakfast and lunch and 9 units at dinner. A. The plan of care, established by the physician for the certification period 4-11-13 to 6-9-13, failed to include the Keflex and failed to include the dosage and frequency for the Novolog pen. B. The administrator, employee A, indicated, on 4-17-13 at 2:55 PM, Central Time (CT), the plan of care did not include the Keflex or the dosage and frequency for the Novolog pen. 2. Clinical record number 7 included a "Client Medication Report" dated 11-16-12 that included instructions for the administration of Clonidine. The report states, "Clonidine 0.1 mg [milligram] PO [by mouth] daily - hold if SBP [systolic blood pressure] is less than 150 and hold prior to dialysis." A. The "Client Medication Report" included special instructions for the administration of Renvela. The report states, "take 2 tablets twice a day with snack take 3 tablets PO three times a day with meals." B. A. The plan of care, established by the physician for the certification			

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	period 11-16-12 to 1-14-13, failed to include the special instructions related to the administration of the Clonidine and the Renvela. C. The administrator, employee A, was unable to provide any additional documentation and/or information when asked on 4-18-13 at 11:20 AM, CT. 3. The agency's May 2010 "Plan of Care" policy number 1-B-019 states, "The Plan of Care will be completed in full to include: . . . medications (including over-the-counter), treatments, and procedures."			

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N000537	410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse (RN) had provided treatments as ordered by the physician in 1 (# 9) of 10 records reviewed creating the potential to affect all of the agency's 45 current patients. The findings include: 1. Clinical record number 9 included a plan of care established by the physician for the certification period 3-19-13 to 5-17-13 with orders for skilled nurse (SN) visits 4 times per week for 1 week and then 2 times per week for 8 weeks. The plan of care evidenced the SN was to, "Cleanse RT [right] knee w/ [with] saline apply dry dressing using clean technique change daily et [and] prn [as needed] X 2 weeks and cleanse area rt lower leg w/ saline apply Optifoam cut to size secure w/ tape change QD [every day] X 2 weeks using clean technique." Skilled nurse visit notes, dated 3-19-13, 3-20-13, 3-21-13, 3-22-13, 3-25-13, 3-28-13, and 4-1-13, failed to	N000537	N0537 The Director of Nursing will inservice nursing staff to ensure the registered nurse (RN) provides treatments as written/established on the plan of care and as ordered by the physician. 5 charts or 10% of clinical records will be reviewed to ensure the registered nurse (RN) is providing treatments as written/established on the plan of care and as ordered by the physician. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

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	evidence the wound care to the right lower leg had been completed. 2. The administrator, employee A, stated, on 4-18-13 at 12;35 PM, Central Time, "It appears there was a surgical wound on the right knee and a stasis ulcer on the right lower leg." The administrator indicated the SN visit notes did not evidence the wound care to the right lower leg had been completed as ordered. 3. The agency's May 2010 "Plan of Care" policy number B-019 states, "Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine."			

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ANGELS OF MERCY HOMECARE	511 E 4TH ST STE 111 HUNTINGBURG, IN 47542

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N000541	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. Based on clinical record and agency policy review and interview, the agency failed to ensure the registered nurse reevaluated the patient's needs within the last 5 days of the 60 day recertification period in 1 (# 5) of 6 records reviewed of patients that had been on service for longer than 60 days creating the potential to affect all of the agency's patients receiving services longer than 60 days. The findings include: 1. Clinical record number 5 evidenced a start of care date of 7-30-12 and that the physician had ordered services to be continued through the 3-27-13 to 5-25-13 certification period. The record failed to evidence the comprehensive assessment had been updated within the last 5 days of the previous certification period, 1-26-13 to 3-26-13, as required. 2. The administrator, employee A, indicated, on 4-17-13 at 3:15 PM, Central Time, the comprehensive assessment had not been updated within the last 5 days of	N000541	N0541 The Director of Nursing will inservice staff to ensure the registered nurse (RN) reevaluates the patient's needs within the last 5 days of the 60 day recertification. 10% or 5 charts will be reviewed to ensure the registered nurse (RN) is reevaluating the patient's needs within the last 5 days of the 60 day recertification. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that the deficiency is corrected and will not recur.	05/17/2013

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	the previous certification period as required. 3. The agency's May 2011 "Assessment and Reassessment / OASIS Data" policy number 1-B-003 states, "A Recertification assessment will be done within the last five days of every 60-day episode beginning with the Start of Care date."			

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N000545	410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. Based on clinical record review and interview, the agency failed to ensure the registered nurse had coordinated with another provider of services in 1 (# 7) of 1 records reviewed of patients that received dialysis services creating the potential to affect all patients that received home health and dialysis services. The findings include: 1. Clinical record number 7 evidenced diagnoses of chronic obstructive bronchitis and end stage renal disease and that skilled nursing (SN) services had been provided during the certification periods 11-16-12 to 1-14-13 and 1-15-13 to 3-15-13. The record evidenced the patient received dialysis treatments 3 times per week. The record evidenced home health services had been placed on hold 1-18-13 due to the patient being hospitalized with a subsequent discharge from the agency on 3-15-13. 2. The plan of care for the certification period 11-16-12 to 1-14-13 evidenced the	N000545	N0545 The Director of Nursing will inservice staff (registered nurses) regarding the need for documentation of coordination of care with other providers of services to patients. 5 charts or 10% of clinical records will be reviewed quarterly to ensure that documentation reflects coordination of care with other providers of services. The Director of Nursing will be responsible for monitoring these corrective actions ensuring that this deficiency is corrected and will not recur.	05/17/2013

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	physician had prescribed Megace, an appetite stimulant, 2 teaspoons twice daily. A SN visit note dated 11-19-12 noted the patient "continues on Megace for appetite stimulation." A. A SN visit note dated 11-27-12 states, "Weight 132 lbs [pounds] today, same as last visit weight made this RN, but down 10 lbs from last week, [spouse] states last week wt [weight] was taken with thicker clothes et [and] shoes on. Wt was also prior to dialysis appt [appointment]." B. A SN visit note dated 1-3-13 states, "Weight 136 down 4 lbs from [spouse's] weight . . . client is now being dialyzed longer than before." C. A SN visit note dated 1-14-13 states, "Continues w/ [with] dialysis 3Xwk [times per week] recently increased time." 3. The record failed to evidence the home health registered nurse had coordinated with the dialysis facility to learn, and assist the patient to maintain, the patient's target weight (the patient's desired weight after a dialysis treatment and the removal of excess fluid). 4. The administrator, employee A,			

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	indicated, on 4-18-13 at 11:20 AM, CT, the record did not evidence coordination with the dialysis facility.			