STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157022	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH LA PORTE VNA SERVICES	901 S WOODLAND AVE MICHIGAN CITY, IN 46360

(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		G000000	na	
	This was a federal home health recertification survey. This was a partially extended survey. The survey partially extended on 1-22-14. Survey dates: 1/16, 1/17, 1/21, 1/22, 1/23, and 1/24/14. Facility #: IN005255 Medicaid #: 200318440A. Surveyor: Ingrid Miller, RN, PHNS Janet Brandt, RN, PHNS Census service type: 1001 skilled unduplicated patients in past year. Quality Review: Joyce Elder, MSN, BSN, RN January 29, 2014			

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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G000110	484.10(c)(2)(ii) RIGHT TO BE INFORMED AND PARTICIPATE 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. 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. Based on clinical record review, observation, interview, and agency document review, the agency failed to ensure patients were provided the current Indiana advance directives, including a description of applicable State law, in 14 of 17 records reviewed with the potential to affect all patients of the agency (#1, 2, 3, 4, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17). Findings include 1. The current admission package given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start	G000110	All old copies of Advanced Directives were taken off the shelf and new copies of Advanced Directives were inserted in all Admission folders on January 22, 2014. The VNA staff delivered new copies of the Advanced Directives to each current patient by January 29, 2014. The patient supervisory visit form was updated on 2/14/2014 to contain a required area for the supervising nurse to check the admission folder in the home for the current Advanced Directives and assess the patients knowledge to this document as well as their rights as a patient. These supervisory visit forms will be audited by the Administrator for compliance. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is	02/14/2014

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	of care (SOC). 2. On 1/22/14 at 10:15 AM, the director of nursing indicated the advanced directives were not the effective and current Indiana advanced directives (effective May 2004 and revised July 1, 2013) and this document had not been given to the patients who had been on service since July 1, 2013. 3. Clinical record #1, SOC 6-6-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 4. Clinical record #2, SOC 12/29/13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 5. Clinical record #3, SOC 12/29/13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 6. Clinical record #4, SOC 4-18-13, failed to contain an updated July 1,		corrected and will never happen again	

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	2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 7. Clinical record #6, SOC 12-27-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 8. Clinical record #9, SOC 12/5/13, failed to evidence an updated July 1, 2013, version of the May 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 9. Clinical record #10, SOC 9/11/13, failed to contain an updated July 1, 2013, version of the May 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 10. Clinical record #11 SOC 11/6/10, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date.			

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	On 1/21/14 at 9:30 AM, it was observed that the home folder for patient #11 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013. 11. Clinical record #12, SOC 4/6/13, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. On 1/21/14 at 8:15 AM, it was observed that the home folder for patient #12 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013. 12. Clinical record #13, SOC 12/14/12, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient's caregiver signed that the document was received on the SOC date. On 1/21/14 at 10:55 AM, it was observed that the home folder for patient #13 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013.			

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	13. Clinical record #14, SOC 11/9/13, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 14. Clinical record #15, SOC 12/20/13 , failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 15. Clinical record #16, SOC 10/5/13, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 16. Clinical record #17, SOC 6/25/10 failed to evidence the patient was aware of the Indiana Advanced directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 17. The agency document titled "Patient			

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	Bill of Rights and Responsibilities" with a revised date of 1/15/13 stated, "You have the right to information concerning advanced directives and the opportunity to exercise your desire regarding advanced directives prior to any care being furnished by the VNA staff ... a home health agency hotline is available ...Indiana ... 1 - 800 - 227 - 6334 ... The purpose of the hot line is to receive complaints or questions regarding treatment or care furnished by a home care agency as well as the state advance directive requirement."			
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 home visit observation, interview, and policy review, the agency failed to ensure employees (C, D, H, J) followed agency policy and procedures related to infection control at 4 of 8 home visit observations (Patients # 11, 12, 13, 14) resulting the potential to spread infectious diseases to other patients, family, caregivers, and staff. Findings	G000121	All field staff will be in serviced by the Administrator on the following: hand washing (including between gloving), not to utilize patient towels when drying hand, to carry paper towels that are provided by the department for drying hands and proper use of barriers under all supplies. All professional staff will also be in serviced on labeling all open bottles with date, time and initials of staff that opened the bottle, discarding open bottles of Normal Saline, that is used to	02/19/2014

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	1. On 1/21/14 at 8:15 AM, Employee J, Home Health Aide, was observed to complete Patient #12's bed bath. Employee J washed her hands at the patient's bathroom sink using soap and then dried her hands on the patient's hand towel after washing. After filling a basin with water and washing the patient's upper body and lower legs with soap and water, she changed the water and took off her gloves. She donned new gloves without washing her hands. 2. On 1/21/14 at 9:30 AM, Employee D, Registered Nurse (RN), was observed to change a dressing on Patient #11's right foot. He placed his supplies to do the dressing change on a chair next to the patient. There was no barrier under the supplies. He cleansed the area with normal saline from an opened bottle which had not been labeled with the date, time, and initials of the staff who had opened the bottle. Aquacel AG, the dressing, used to dress the patient's wound, was expired on 10/13/13 and was opened. This already opened dressing was used to dress the patient's right foot wound. 3. On 1/21/14 at 11:18 AM, Employee C, RN, was observed to remove a dressing from Patient # 13 's buttocks area with gloved hands. After removing		cleanse non-surgical sites, after 7 days, to check the expiration date on all supplies prior to utilizing those supplies, proper gloving, with a specific emphasis on changing gloves after removing a dirty dressing, washing hands and then donning clean gloves prior to replacing a clean dressing. All staff will be reeducated to not put any equipment on the floor and always have a barrier between you equipment and the patient's surface. This education will be completed by February 19, 2014 both at the staff meetings and by e-mail. The patient supervisory visit form was updated on 2/14/2014 to contain a required area to specifically assess hand washing between gloving, proper hand drying, date opened, time and staff initials on all open bottles, hand washing and glove changing while doing dressing changes, dates on all supplies to be checked and barriers utilized. These supervisory forms will be audited for compliance by the Administrator and disciplinary action will follow for staff members who do not utilize appropriate infection control practices. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	

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	the old dressing, Employee C placed a new dressing (duoderm) onto the patient's wound without removing the used gloves, cleansing hands, or donning new gloves. 4. On 1/21/14 at 12:30 PM, Employee H, RN, was observed to enter Patient #14's home. Employee H placed her nursing bag on the patient's floor and placed her lap top computer on the arm of the chair where she was seated. There were no barriers placed on these surfaces or under the computer. She then moved the bag to the patient's arm chair before assessing the patient. There was no barrier under the bag or computer at any time during this visit. 5. On 1/21/14 at 1:20 PM, the administrator indicated the staff at the four visits in findings #1 - #4 did not follow infection control standards or policies. 6. The agency policy titled "Medication Labeling" with an effective date of 1/9/12 stated, "When we service a client that requires the RN ... to prepare the medication for them to be administered by another individual at a later date or time the medication must be labeling in the following manner: client name, drug name, strength, amount, expiration date			

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	when not used in 24 hours [expiration date refers to the last date that the product should be used by the patient.]" 7. The agency policy titled "Dressing Changes" with an effective date of 1/15/13 stated, "Adhere to universal precautions ... establish a clean field ... wash hands with gel and soap and / or water ... 7. Put on pair of gloves 8. Remove soiled dressing and gloves on appropriate containers 9. Wash hands again with gel and / or soap and water 10. Put on a new pair of clean gloves." 8. The agency policy titled "Hand Hygiene" with an effective date of 5/1/2011 stated, "Wash hands with an antimicrobial soap and water when hands are visibly dirty or contaminated with proteinaceous material. If hands are not visibly soiled, use an alcohol - based waterless antiseptic agent for routinely decontaminating hands ... Hand washing with antimicrobial soap or an alcohol based waterless antiseptic agent [soiled hands must be washed with soap and water] is mandatory ... after contact with a source that is likely to be contaminated with organisms ... after removing gloves ... Handwashing with soap ... dry forearms and hands well with paper towel."			

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	9. The agency policy titled "Gloves" with an effective date of 5/1/11 stated, "Wear gloves whenever there is a reasonable expectation of contact with blood or body fluids ... remove the gloves if at any time they become soiled or contaminated. Then wash hands, and begin again with a new pair ... to apply nonsterile gloves, do the following ... wash hands and dry thoroughly ... to remove ... nonsterile gloves, do the following ... discard both gloves g. wash hands." 10. The agency policy titled "Bag Technique" with an effective date of 5/1/11 stated, "To prevent contamination of bag and equipment, avoid cross infection, and establish a clean work area. Policy: Bag technique will be used at all times. General information ... never place bag on the floor ... always place a barrier on surface before setting bag or computer down."			

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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 review, agency policy review, and interview, the agency failed to ensure visits and treatments had been provided in accordance with physician's orders in 3 of 17 records reviewed (1, 9, and 14) with the potential to affect all of the agency's patients. Findings 1. Clinical record #1, Start of Care (SOC) 6-16-13, and diagnoses which included but were not limited to: Spondylosis, Paraplegia, Neurogenic Bladder had a Plan of Care (POC) for the certification period 12-13-13 to 2-10-14 with orders for the skilled nurse to visit 1 time a month for 2 months and the home health aide to visit 2 times for 1 week, 7 days weekly for 8 weeks, and 2 times a week for 1 week.	G000158	The computer program has a report that can be run entitled missed visits. The home health aide scheduler will be instructed on 2/14/2014 how to run this report so we can monitor missed visits. This report will be run on a weekly basis. The scheduler will give this report to the clinical coordinator who will review the list, assure that a missed visit report has been completed and the MD notified when and why a visit was missed. Staff will be reminded to complete a missed visit report and notify the physician when and why a visit is missed. This education will be completed by the Administrator by 2/19/2014 and will occur both by e-mail and during staff meetings. Disciplinary measures will occur for staff members who fail to meet the requirement. Regarding specificity of orders related to assessing weight and development of established goals to maintain weight. At our agency each nurse is required to meet with the coder, who is an RN,	02/19/2014

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	A. Week 1 from 12/13/13-12/14/13 had documentation for 1 visit only, Week 2 (12/15-12/21/13) was missing documentation for 1 home health aide visit, Week 3 (12/22-12/28/13) was missing documentation for 2 home health aide visits, Week 4 (12/29/13-1/4/14) was missing documentation for 2 home health aide visits, Week 5 (1/5 -1/11/14) was lacking documentation for 2 home health aide visits. B. On 1/24/14 11:00 AM, Employee B indicated no other documentation was available related to the home health aide visits. 2. Clinical record # 9, start of care 12/5/13 and diagnosis of abnormality of gait, included a plan of care for the certification period of 12/5/13 - 2/2/14 which included orders for physical therapy visits for 1 times a week for 1 week, 3 times a week for 3 weeks, and 1 time a week for 1 week. On the third week (12/15/13 - 12/21/13), the clinical record failed to evidence three visits. The only visits were on 12/18/13 and 12/20/13. The record failed to evidence the physician had been notified of the missed visit. On 1/24/14 at 11:40 AM, the		prior to completion of the 485 plan of care to assure that our codes are correct. Our deficiency will be corrected by requiring that the nurse review the written plan of care for any non-specific orders or non-individualized goals with the RN coder at that time. The RN coder was in-serviced on this process 2/13/2014. The nurses will be in-serviced on this process by 2/19/2014 via e-mail and at the staff meetings held on 2/19/2014. This audit of all plans of care will occur for each patient until 6/1/2014 at which time we will institute an audit of 10% of all plans of care each month for evidence that the goals and orders are patient specific. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	

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	director of nursing indicated there was a missing physical therapy visit for the week of 12/15/13 - 12/21/13 and the physician had not been notified about this missing visit. 3. Clinical record # 14, SOC 11/9/13 and diagnosis of malignant neoplasm of the uterus, included a plan of care for the certification period of 11/9/13 - 1/7/13 which included orders for the skilled nurse to assess weight and to maintain weight in established goals. The skilled nurse was to visit two times a week for 3 weeks and then 1 times a week for 6 weeks, and 4 skilled nurse visits could be made as needed for medical changes. There was no evidence of established goals for weight maintenance specified in the plan of care or clinical record. The record review evidenced some nursing visits with recorded weights and other nursing visits with no recorded weights. It could not be determined from the plan of care how often the weights were to be assessed or what the established goals were to maintain the patient's weight. The plan of care for this certification period was signed by Employee U, RN, on 11/9/13. Nnursing visits on 11/15/13, 11/22/13, 11/29/13, 12/26/13, 12/31/13, and 1/3/14 failed to evidence the patient			

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	was weighed. Employee H completed these visits. 4. The agency policy titled "Physician's orders" with a revision date of 2/15/13 stated, "Physician orders will be received / obtained to establish a plan of care ... change the plan of care ... Physicians will be notified promptly when there is a need to change the plan of care ... orders must specify the type of service to be provided to the patient, both with respect to the discipline who will provide them and the nature of the individual services, as well as the frequency and duration of the services."			

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INDIANA UNIVERSITY HEALTH LA PORTE VNA SERVICES	901 S WOODLAND AVE MICHIGAN CITY, IN 46360

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G000173	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates the plan of care and necessary revisions. Based on clinical record review and interview, the agency failed to ensure the registered nurse revised the plan of care to specify when the patient was to be weighed and what the goals of weight maintenance were in 1 of 16 records with skilled nursing services with the potential to affect all the patients with skilled nursing services (14). Findings 1. Clinical record # 14, start of care 11/9/13 and diagnosis of malignant neoplasm of the uterus, included a plan of care for the certification period of 11/9/13 - 1/7/13 which included orders for the skilled nurse to assess weight and to maintain weight in established goals. The skilled nurse was to visit two times a week for 3 weeks and then 1 times a week for 6 weeks and 4 skilled nurse visits could be made as needed for medical changes. There was no evidence of established goals for weight maintenance specified in the plan of care or clinical record. The record review evidenced some nursing visits with recorded weights and other nursing visits with no recorded weights. It could	G000173	At our agency each nurse is required to meet with the coder, who is an RN, prior to completion of the 485 plan of care to assure that our codes are correct. Our deficiency regarding frequency of weight assessment and lack of specificity of maintenance weight will be corrected by requiring that the nurse review the written plan of care for any non-specific orders or non-individualized goals with the RN coder at that time. The RN coder was in-serviced on this process 2/13/2014. The nurses will be in-serviced on this process by 2/19/2014 via e-mail and at the staff meetings on 2/19/2014. This audit of all plans of care will occur for each patient until 6/1/2014 at which time we will institute an audit of 10% of all plans of care each month for evidence that the goals and orders are patient specific. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	02/19/2014

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	not be determined from the plan of care how often the weights were to be assessed or what the established goals were to maintain the patient's weight. The plan of care for this certification period was signed by Employee U, RN, on 11/9/13. A. The initial / comprehensive nurse visit on 11/9/13 evidenced a weight of 155 lbs. This visit was completed by Employee H on 11/9/13. A. The initial / comprehensive nurse visit on 11/9/13 evidenced a weight of 155 lbs. This visit was completed by Employee H on 11/9/13. B. A nursing visit on 11/15/13 evidenced the patient was not weighed. Employee H completed this visit. C. A nursing visit on 11/19/13 evidenced the patient weighed 163 lbs. Employee H completed this visit. D. A nursing visit on 11/22/13 evidenced the patient was not weighed. Employee H completed this visit. E. A nursing visit on 11/27/13 evidenced the patient weighed 165 pounds. Employee H completed this visit.			

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	F. A nursing visit on 11/29/13 evidenced the patient was not weighed. Employee H completed this visit. G. A nursing visit on 12/3/13 evidenced the patient weighed 163 pounds. Employee H completed this visit. H. A nursing visit on 12/10/13 evidenced the patient weighed 164 lbs. Employee H completed this visit. I. A nursing visit on 12/20/13 evidenced the patient weighed 165 lbs. Employee H completed this visit. J. A nursing visit on 12/26/13 evidenced the patient was not weighed. Employee H completed this visit. K. A nursing visit on 12/27/13 evidenced the patient weighed 149 lbs. Employee H completed this visit. L. A nursing visit on 12/31/13 evidenced the patient was not weighed. Employee H completed this visit. M. A nursing visit on 1/3/14 evidenced the patient was not weighed. Employee H completed this visit.			

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	N. A recertification skilled nurse visit on 1/7/14 evidenced the patient weighed 143 lbs. Employee H completed this visit. 2. An agency document titled "Weight readings"with a date of 1/22/14 for patient #14 showed the patient's weights on a graph that showed the initial weight on 11/9/13 of 155 lbs and a weight gain until 12/21/13 of 10 pounds and then a weight loss of 20 pounds after this time that was evidenced on 1/7/13. There were no goals specified on this document. 3. On 1/23/14 at 1:45 PM, the administrator indicated the plan of care did not have established goals for weight maintenance with patient #14. 4. The agency policy titled "Admission Procedure Patient assessment" with a revision date of 5/1/11 stated, "To standardize the process of admitting patients to I.U. Health LaPorte VNA Services to allow for provision of optimal patient care ... after leaving the home ... all disciplines will create individualized and measurable goals that are to be included on the plan of care."			

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G000338	484.55(d) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status. Based on observation, clinical record review, and interview, the agency failed to ensure the update of the comprehensive assessment was accurate for 1 of 8 clinical records (#13) with skilled services over 60 days with the potential to affect all patients who have been on service greater than 60 days. Findings 1. Clinical record #13, start of care 12/14/12, included a plan of care for 12/9/13 - 2/6/14, that included an updated to the comprehensive assessment completed by the registered nurse, Employee C on 12/4/13. This clinical document evidenced the patient resided in an assisted living. On 1/21/14 at 11:18 AM, Employee C was observed to visit	G000338	The Administrator will in service all staff at the staff meetings on 2/19/2014 and by e-mail that they will be required to review M 1100 at the time they are meeting with the RN coder to assure that they have selected the correct area of residence. This will occur with each admission, ROC and reassessment until 6/1/2014. The RN coder will make the Administrator aware of any errors in documentation at which time the staff member making the error will meet with the Administrator. If this is found to be a chronic problem disciplinary action will take place.The supervisory visit form was also updated on 2/13/2014 to contain an area to assess M 1100 for accuracy. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	02/19/2014

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N000000	patient #13 for a skilled nursing visit at the patient's private residence. 2. On 1/24/13 at 11:45 AM, the administrator indicated the update to the comprehensive assessment for patient #13 was not accurate. The patient had lived at the private residence since the start of care.	N000000	na	
	This visit was for a home health state licensure survey. Survey dates: 1/16, 1/17, 1/21, 1/22, 1/23, and 1/24/14. Facility #: IN005255 Medicaid #: 200318440A. Surveyors: Ingrid Miller, RN, PHNS Janet Brandt, RN, PHNS Census service type: 1001 skilled unduplicated patients in past year Quality Review: Joyce Elder, MSN, BSN, RN January 29, 2014			

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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 home visit observation, interview, and policy review, the agency failed to ensure employees (C, D, H, J) followed agency policy and procedures related to infection control at 4 of 8 home visit observations (Patients # 11, 12, 13, 14) resulting the potential to spread infectious diseases to other patients, family, caregivers, and staff. Findings 1. On 1/21/14 at 8:15 AM, Employee J, Home Health Aide, was observed to complete Patient #12's bed bath. Employee J washed her hands at the patient's bathroom sink using soap and then dried her hands on the patient's hand towel after washing. After filling a basin with water and washing the patient's upper body and lower legs with soap and water, she changed the water and took off her gloves. She donned new gloves without washing her hands. 2. On 1/21/14 at 9:30 AM, Employee D, Registered Nurse (RN), was observed to	N000470	All field staff will be in serviced by the Administrator on the following: hand washing (including between gloving), not to utilize patient towels when drying hand, to carry paper towels that are provided by the department for drying hands and proper use of barriers under all supplies. All professional staff will also be in serviced on labeling all open bottles with date, time and initials of staff that opened the bottle, discarding open bottles of Normal Saline, that is used to cleanse non-surgical sites, after 7 days, to check the expiration date on all supplies prior to utilizing those supplies, proper gloving, with a specific emphasis on changing gloves after removing a dirty dressing, washing hands and then donning clean gloves prior to replacing a clean dressing. All staff will be reeducated to not put any equipment on the floor and always have a barrier between you equipment and the patient's surface. This education will be completed by February 19, 2014 both at the staff meetings and by e-mail. The patient supervisory visit form was updated on 2/14/2014 to contain a required	02/19/2014

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	change a dressing on Patient #11's right foot. He placed his supplies to do the dressing change on a chair next to the patient. There was no barrier under the supplies. He cleansed the area with normal saline from an opened bottle which had not been labeled with the date, time, and initials of the staff who had opened the bottle. Aquacel AG, the dressing, used to dress the patient's wound, was expired on 10/13/13 and was opened. This already opened dressing was used to dress the patient's right foot wound. 3. On 1/21/14 at 11:18 AM, Employee C, RN, was observed to remove a dressing from Patient # 13 's buttocks area with gloved hands. After removing the old dressing, Employee C placed a new dressing (duoderm) onto the patient's wound without removing the used gloves, cleansing hands, or donning new gloves. 4. On 1/21/14 at 12:30 PM, Employee H, RN, was observed to enter Patient #14's home. Employee H placed her nursing bag on the patient's floor and placed her lap top computer on the arm of the chair where she was seated. There were no barriers placed on these surfaces or under the computer. She then moved the bag to the patient's arm chair		area to specifically assess hand washing between gloving, proper hand drying, date opened, time and staff initials on all open bottles, hand washing and glove changing while doing dressing changes, dates on all supplies to be checked and barriers utilized. These supervisory forms will be audited for compliance by the Administrator and disciplinary action will follow for staff members who do not utilize appropriate infection control practices. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	

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	before assessing the patient. There was no barrier under the bag or computer at any time during this visit. 5. On 1/21/14 at 1:20 PM, the administrator indicated the staff at the four visits in findings #1 - #4 did not follow infection control standards or policies. 6. The agency policy titled "Medication Labeling" with an effective date of 1/9/12 stated, "When we service a client that requires the RN ... to prepare the medication for them to be administered by another individual at a later date or time the medication must be labeling in the following manner: client name, drug name, strength, amount, expiration date when not used in 24 hours [expiration date refers to the last date that the product should be used by the patient.]" 7. The agency policy titled "Dressing Changes" with an effective date of 1/15/13 stated, "Adhere to universal precautions ... establish a clean field ... wash hands with gel and soap and / or water ... 7. Put on pair of gloves 8. Remove soiled dressing and gloves on appropriate containers 9. Wash hands again with gel and / or soap and water 10. Put on a new pair of clean gloves."			

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	8. The agency policy titled "Hand Hygiene" with an effective date of 5/1/2011 stated, "Wash hands with an antimicrobial soap and water when hands are visibly dirty or contaminated with proteinaceous material. If hands are not visibly soiled, use an alcohol - based waterless antiseptic agent for routinely decontaminating hands ... Hand washing with antimicrobial soap or an alcohol based waterless antiseptic agent [soiled hands must be washed with soap and water] is mandatory ... after contact with a source that is likely to be contaminated with organisms ... after removing gloves ... Handwashing with soap ... dry forearms and hands well with paper towel." 9. The agency policy titled "Gloves" with an effective date of 5/1/11 stated, "Wear gloves whenever there is a reasonable expectation of contact with blood or body fluids ... remove the gloves if at any time they become soiled or contaminated. Then wash hands, and begin again with a new pair ... to apply nonsterile gloves, do the following ... wash hands and dry thoroughly ... to remove ... nonsterile gloves, do the following ... discard both gloves g. wash hands." 10. The agency policy titled "Bag			

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	Technique" with an effective date of 5/1/11 stated, "To prevent contamination of bag and equipment, avoid cross infection, and establish a clean work area. Policy: Bag technique will be used at all times. General information ... never place bag on the floor ... always place a barrier on surface before setting bag or computer down."			
N000518	410 IAC 17-12-3(e) Patient Rights Rule 12 Sec. 3(e) (e) The home health agency 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 home health agency may furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.			
	Based on clinical record review, observation, interview, and agency document review, the agency failed to ensure patients were provided the current Indiana advance directives, including a description of applicable State law, in 14 of 17 records reviewed with the potential to affect all patients of the agency (#1, 2, 3, 4, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17).	N000518	All old copies of Advanced Directives were taken off the shelf and new copies of Advanced Directives were inserted in all Admission folders on January 22, 2014. The VNA staff delivered new copies of the Advanced Directives to each current patient by January 29, 2014. The patient supervisory visit form was updated on 2/14/2014 to contain a required area for the supervising nurse to check the admission folder in the home for the current Advanced Directives and assess the patients knowledge to this document as well as their rights as a patient.	02/14/2014

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	Findings include 1. The current admission package given to the patients failed to include the effective May 2004 and revised July 1, 2013, state of Indiana advanced directives in the admission folder that was distributed to the patients at the start of care (SOC). 2. On 1/22/14 at 10:15 AM, the director of nursing indicated the advanced directives were not the effective and current Indiana advanced directives (effective May 2004 and revised July 1, 2013) and this document had not been given to the patients who had been on service since July 1, 2013. 3. Clinical record #1, SOC 6-6-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 4. Clinical record #2, SOC 12/29/13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 5. Clinical record #3, SOC 12/29/13,		These supervisory visit forms will be audited by the Administrator for compliance. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will never happen again	

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	failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 6. Clinical record #4, SOC 4-18-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 7. Clinical record #6, SOC 12-27-13, failed to contain an updated July 1, 2013, version of the 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 8. Clinical record #9, SOC 12/5/13, failed to evidence an updated July 1, 2013, version of the May 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date. 9. Clinical record #10, SOC 9/11/13, failed to contain an updated July 1, 2013, version of the May 2004 Indiana Advanced Directives document. The patient signed that the document was received on the SOC date.			

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	10. Clinical record #11 SOC 11/6/10, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. On 1/21/14 at 9:30 AM, it was observed that the home folder for patient #11 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013. 11. Clinical record #12, SOC 4/6/13, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. On 1/21/14 at 8:15 AM, it was observed that the home folder for patient #12 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013. 12. Clinical record #13, SOC 12/14/12, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient's caregiver signed that the			

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	document was received on the SOC date. On 1/21/14 at 10:55 AM, it was observed that the home folder for patient #13 did not contain the Indiana Advanced Directives effective May 2004 and revised July 1, 2013. 13. Clinical record #14, SOC 11/9/13, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 14. Clinical record #15, SOC 12/20/13 , failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 15. Clinical record #16, SOC 10/5/13, failed to evidence the patient was aware of the Indiana Advanced Directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 16. Clinical record #17, SOC 6/25/10			

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	failed to evidence the patient was aware of the Indiana Advanced directives effective May 2004 and revised July 1, 2013, Advanced Directives. The patient signed that the document was received on the SOC date. 17. The agency document titled "Patient Bill of Rights and Responsibilities" with a revised date of 1/15/13 stated, "You have the right to information concerning advanced directives and the opportunity to exercise your desire regarding advanced directives prior to any care being furnished by the VNA staff ... a home health agency hotline is available ...Indiana ... 1 - 800 - 227 - 6334 ... The purpose of the hot line is to receive complaints or questions regarding treatment or care furnished by a home care agency as well as the state advance directive requirement."			
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 review, agency policy review, and interview, the agency failed to ensure visits and treatments had been provided in accordance with physician's orders in 3 of 17 records	N000522	The computer program has a report that can be run entitled missed visits. The home health aide scheduler will be instructed on 2/14/2014 how to run this report so we can monitor missed visits. This report will be run on a weekly basis. The scheduler will	02/19/2014

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	reviewed (1, 9, and 14) with the potential to affect all of the agency's patients. Findings 1. Clinical record #1, Start of Care (SOC) 6-16-13, and diagnoses which included but were not limited to: Spondylosis, Paraplegia, Neurogenic Bladder had a Plan of Care (POC) for the certification period 12-13-13 to 2-10-14 with orders for the skilled nurse to visit 1 time a month for 2 months and the home health aide to visit 2 times for 1 week, 7 days weekly for 8 weeks, and 2 times a week for 1 week. A. Week 1 from 12/13/13-12/14/13 had documentation for 1 visit only, Week 2 (12/15-12/21/13) was missing documentation for 1 home health aide visit, Week 3 (12/22-12/28/13) was missing documentation for 2 home health aide visits, Week 4 (12/29/13-1/4/14) was missing documentation for 2 home health aide visits, Week 5 (1/5 -1/11/14) was lacking documentation for 2 home health aide visits. B. On 1/24/14 11:00 AM, Employee B indicated no other documentation was available related to the home health aide		give this report to the clinical coordinator who will review the list, assure that a missed visit report has been completed and the MD notified when and why a visit was missed. Staff will be reminded to complete a missed visit report and notify the physician when and why a visit is missed. This education will be completed by the Administrator by 2/19/2014 and will occur both by e-mail and during staff meetings. Disciplinary measures will occur for staff members who fail to meet the requirement. Regarding specificity of orders related to assessing weight and development of established goals to maintain weight. At our agency each nurse is required to meet with the coder, who is an RN, prior to completion of the 485 plan of care to assure that our codes are correct. Our deficiency will be corrected by requiring that the nurse review the written plan of care for any non-specific orders or non-individualized goals with the RN coder at that time. The RN coder was in-serviced on this process 2/13/2014. The nurses will be in-serviced on this process by 2/19/2014 via e-mail and at the staff meetings held on 2/19/2014. This audit of all plans of care will occur for each patient until 6/1/2014 at which time we will institute an audit of 10% of all plans of care each month for evidence that the goals and orders are patient specific. The	

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	visits. 2. Clinical record # 9, start of care 12/5/13 and diagnosis of abnormality of gait, included a plan of care for the certification period of 12/5/13 - 2/2/14 which included orders for physical therapy visits for 1 times a week for 1 week, 3 times a week for 3 weeks, and 1 time a week for 1 week. On the third week (12/15/13 - 12/21/13), the clinical record failed to evidence three visits. The only visits were on 12/18/13 and 12/20/13. The record failed to evidence the physician had been notified of the missed visit. On 1/24/14 at 11:40 AM, the director of nursing indicated there was a missing physical therapy visit for the week of 12/15/13 - 12/21/13 and the physician had not been notified about this missing visit. 3. Clinical record # 14, SOC 11/9/13 and diagnosis of malignant neoplasm of the uterus, included a plan of care for the certification period of 11/9/13 - 1/7/13 which included orders for the skilled nurse to assess weight and to maintain weight in established goals. The skilled nurse was to visit two times a week for 3 weeks and then 1 times a week for 6 weeks, and 4 skilled nurse visits could		Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	

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	be made as needed for medical changes. There was no evidence of established goals for weight maintenance specified in the plan of care or clinical record. The record review evidenced some nursing visits with recorded weights and other nursing visits with no recorded weights. It could not be determined from the plan of care how often the weights were to be assessed or what the established goals were to maintain the patient's weight. The plan of care for this certification period was signed by Employee U, RN, on 11/9/13. Nnursing visits on 11/15/13, 11/22/13, 11/29/13, 12/26/13, 12/31/13, and 1/3/14 failed to evidence the patient was weighed. Employee H completed these visits. 4. The agency policy titled "Physician's orders" with a revision date of 2/15/13 stated, "Physician orders will be received / obtained to establish a plan of care ... change the plan of care ... Physicians will be notified promptly when there is a need to change the plan of care ... orders must specify the type of service to be provided to the patient, both with respect to the discipline who will provide them and the nature of the individual services, as well as the frequency and duration of the services."			

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N000542	410 IAC 17-14-1(a)(1)(C) Scope of Services 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: (C) Initiate the plan of care and necessary revisions. Based on clinical record review and interview, the agency failed to ensure the registered nurse revised the plan of care to specify when the patient was to be weighed and what the goals of weight maintenance were in 1 of 16 records with skilled nursing services with the potential to affect all the patients with skilled nursing services (14). Findings 1. Clinical record # 14, start of care 11/9/13 and diagnosis of malignant neoplasm of the uterus, included a plan of care for the certification period of 11/9/13 - 1/7/13 which included orders for the skilled nurse to assess weight and to maintain weight in established goals. The skilled nurse was to visit two times a week for 3 weeks and then 1 times a week for 6 weeks and 4 skilled nurse visits could be made as needed for medical changes. There was no	N000542	At our agency each nurse is required to meet with the coder, who is an RN, prior to completion of the 485 plan of care to assure that our codes are correct. Our deficiency regarding frequency of weight assessment and lack of specificity of maintenance weight will be corrected by requiring that the nurse review the written plan of care for any non-specific orders or non-individualized goals with the RN coder at that time. The RN coder was in-serviced on this process 2/13/2014. The nurses will be in-serviced on this process by 2/19/2014 via e-mail and at the staff meetings on 2/19/2014. This audit of all plans of care will occur for each patient until 6/1/2014 at which time we will institute an audit of 10% of all plans of care each month for evidence that the goals and orders are patient specific. The Administrator of IU Health La Porte VNA Services will be responsible for monitoring the corrective action to ensure that the deficiency is corrected and will not happen again.	02/19/2014

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	evidence of established goals for weight maintenance specified in the plan of care or clinical record. The record review evidenced some nursing visits with recorded weights and other nursing visits with no recorded weights. It could not be determined from the plan of care how often the weights were to be assessed or what the established goals were to maintain the patient's weight. The plan of care for this certification period was signed by Employee U, RN, on 11/9/13. A. The initial / comprehensive nurse visit on 11/9/13 evidenced a weight of 155 lbs. This visit was completed by Employee H on 11/9/13. A. The initial / comprehensive nurse visit on 11/9/13 evidenced a weight of 155 lbs. This visit was completed by Employee H on 11/9/13. B. A nursing visit on 11/15/13 evidenced the patient was not weighed. Employee H completed this visit. C. A nursing visit on 11/19/13 evidenced the patient weighed 163 lbs. Employee H completed this visit. D. A nursing visit on 11/22/13 evidenced the patient was not weighed.			

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	Employee H completed this visit. E. A nursing visit on 11/27/13 evidenced the patient weighed 165 pounds. Employee H completed this visit. F. A nursing visit on 11/29/13 evidenced the patient was not weighed. Employee H completed this visit. G. A nursing visit on 12/3/13 evidenced the patient weighed 163 pounds. Employee H completed this visit. H. A nursing visit on 12/10/13 evidenced the patient weighed 164 lbs. Employee H completed this visit. I. A nursing visit on 12/20/13 evidenced the patient weighed 165 lbs. Employee H completed this visit. J. A nursing visit on 12/26/13 evidenced the patient was not weighed. Employee H completed this visit. K. A nursing visit on 12/27/13 evidenced the patient weighed 149 lbs. Employee H completed this visit. L. A nursing visit on 12/31/13 evidenced the patient was not weighed.			

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	Employee H completed this visit. M. A nursing visit on 1/3/14 evidenced the patient was not weighed. Employee H completed this visit. N. A recertification skilled nurse visit on 1/7/14 evidenced the patient weighed 143 lbs. Employee H completed this visit. 2. An agency document titled "Weight readings"with a date of 1/22/14 for patient #14 showed the patient's weights on a graph that showed the initial weight on 11/9/13 of 155 lbs and a weight gain until 12/21/13 of 10 pounds and then a weight loss of 20 pounds after this time that was evidenced on 1/7/13. There were no goals specified on this document. 3. On 1/23/14 at 1:45 PM, the administrator indicated the plan of care did not have established goals for weight maintenance with patient #14. 4. The agency policy titled "Admission Procedure Patient assessment" with a revision date of 5/1/11 stated, "To standardize the process of admitting patients to I.U. Health LaPorte VNA Services to allow for provision of optimal patient care ... after leaving the			

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	home ... all disciplines will create individualized and measurable goals that are to be included on the plan of care."			