

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157510	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/07/2014
NAME OF PROVIDER OR SUPPLIER  JOHNSON MEMORIAL HOME CARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 W JEFFERSON ST STE R FRANKLIN, IN 46131		
(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	<p>This visit was a home health agency federal recertification survey.</p> <p>Facility #: IN010039</p> <p>Survey Date: March 4 - 7, 2014 Partial Extended Survey Dates: March 5 - 7, 2014</p> <p>Provider #: 157510</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 364 Home Health Aide Only: 0 Personal Care Only: 0 Total: 364</p> <p>Sample: RR w/HV: 6 RR w/o HV: 6 Total: 12</p>	G000000			

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

TITLE

(X6) DATE

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

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G000121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on document review, observation, and interview, the agency failed to ensure staff followed infection control standards during 3 of 6 home visits (Employees A, C, and G) with the potential to affect all patients receiving services from the Home Health Aide (HHA) and Registered Nurse (RN).</p> <p>The findings include:</p> <p>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</p>	G000121	<p>N0470 The Home Care Administrator has in-serviced field staff on the agency policy and CDC Guidelines for Standard Precautions pertaining to infection control: handwashing/use of hand gel. Verification of competency was completed via pre/post testing and a competency check-off tool. Completed on 03/18/201410 (Ten) on-site supervisory home visits will be conducted with field staff by the Administrator or Nurse Case Manager to verify compliance to the agency policy and CDC guidelines of infection control measures using the Field Visit Supervisory Record tool. Completion date of 4/8/14. To ensure ongoing compliance: An additional 20 (Twenty) on-site supervisory home visits will be conducted with field staff by the Administrator or Nurse Case Manager to verify continued compliance to the agency policy and CDC guidelines of infection control measures using the Field Supervisory Record tool. Completion date of 10/8/14. Annual on-site field staff supervisory home visits conducted by the Administrator will include the hand hygiene</p>	04/08/2014	

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	<p>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.</p> <p>2. The Centers for Disease Control and Prevention (CDC) document titled "Medication Preparation Questions" dated 3/2/2011 states, "Medications should be drawn up in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.</p>		<p>guidelines competency tool for assessment of continued compliance by field staff of infection control measures per agency policy and CDC Guidelines for Standard Precautions. The Home Care Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected currently and ongoing.</p>	

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	<p>Examples of contaminated items that should not be placed in or near the medication preparation area include: used equipment such as syringes, needles, IV tubing, blood collection tubes, needle holders (e.g., Vacutainer® holder), or other soiled equipment or materials that have been used in a procedure. In general, any item that could have come in contact with blood or body fluids should not be in the medication preparation area."</p> <p>3. During the home visit to patient #2 on 3/4/14 at 2:24 PM, employee A, RN, sanitized her hands with hand gel and placed clean gloves on top of the protective barrier that was on the floor. The RN performed wound care on the patient's right foot, took gloves off, gelled hands with hand sanitizer, and charted the patient's wound measurements in the paper chart. Then the RN donned clean gloves without gelling her hands with hand sanitizer, wrapped the patient's foot with gauze, took her gloves off, grabbed scissors, cleaned the scissors with a sanitization wipe, and donned clean gloves without gelling her hands with hand sanitizer. Then the RN cut the excessive wrapped gauze, taped the gauze to the patient's right foot, and put the patient's new sock on the patient's right foot.</p>			

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	<p>During an interview on 3/5/14 at 3:24 PM, employee Q, Administrator, indicated employee A should have sanitized her hands between glove changes.</p> <p>4. During the home visit to patient #4 on 3/5/14 at 9:17 AM, employee G, RN, sanitized her hands with hand sanitizer, took supplies / vials out of boxes, donned clean gloves without gelling hands, and punctured each vial to instill saline to reconstitute the medication. The RN took her gloves off, gelled her hands, set up the sterile field, put on the mask from the sterile kit, and flipped / touched / moved her hair out from under the mask strap with her hands. Then the RN immediately donned sterile gloves without sanitizing her hands with hand sanitizer, cleaned the patient's port site with chlorehexidine prep, and accessed the port.</p> <p>During an interview on 3/5/14 at 3:27 PM, employee Q, Administrator, indicated if employee G flipped her hair with her hands, then Employee G would need to sanitize her hands before donning sterile gloves.</p> <p>5. During the home visit to patient #5 on 3/5/14 at 10:49 AM, employee C,</p>				

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	HHA, washed her hands with soap and water, donned gloves, took the patient's temperature, and charted the result in the paper chart. Then the HHA reached into a bag of clean gloves with her gloved hand to grab clean gloves for later use. The HHA then took her gloves off, donned new gloves without sanitizing her hands with hand sanitizer, filled the wash basin for the patient's bath, and helped the patient with their walker to the chair to do the bath. The HHA washed the patient's face, assisted with undressing, and proceeded to scrub, rinse, dry, and apply lotion to the patient's body. Then the patient pulled their own pants down, and the HHA picked up the pants and used diaper off the ground and threw the diaper away in the trash can. With the same gloves on, the HHA took off the patient's socks, washed / scrubbed the patient's legs / feet, applied lotion to legs / feet, and put clean socks on patient. Then the HHA took off her gloves, donned new gloves without washing her hands, and gave the patient a wet rag to clean their perineal area. With the same rag, the HHA cleaned the patient's buttocks. Then the patient expressed that they needed to have a bowel movement. The HHA lifted the bedside commode lid wearing the same gloves, and the patient sat to have a bowel movement. The HHA				

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	<p>handed the patient toilet paper, and the patient wiped his/her own buttocks. With the same gloves on, the HHA re-washed the patient's buttocks. The HHA put a new diaper on the patient still wearing the same gloves. The HHA put on the patient's clean pants. With the same gloves on, the HHA guided the patient with their walker to a chair across the room, dumped the wash basins out into the kitchen sink, and rinsed the wash basins. Still wearing the same gloves, the HHA moved the bathing supplies across the kitchen countertop and dried the basins with a towel. Then the HHA put the bathing supplies back into the wash basins. Then the HHA took off her gloves, used a paper towel to turn on the sink, and washed her hands in the sink with soap and water. After washing her hands, the HHA turned off the sink water with the same paper towel by pushing the lever down and proceeded to use the same towel with other paper towels to dry hands. The HHA continued charting in the paper chart.</p> <p>During an interview on 3/5/14 at 3:32 PM, employee Q, Administrator, indicated that employee C, HHA, should have sanitized her hands between glove changes.</p>						

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N000000	<p>This visit was a home health agency state relicensure survey.</p> <p>Facility #: IN010039</p> <p>Survey Date: March 4 - 7, 2014</p> <p>Surveyor: David Eric Moran, BSN, RN, Public Health Nurse Surveyor</p> <p>Census Service Type: Skilled: 364 Home Health Aide Only: 0 Personal Care Only: 0 Total: 364</p> <p>Sample: RR w/HV: 6 RR w/o HV: 6 Total: 12</p>	N000000			

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N000470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on document review, observation, and interview, the agency failed to ensure staff followed infection control standards during 3 of 6 home visits (Employees A, C, and G) with the potential to affect all patients receiving services from the Home Health Aide (HHA) and Registered Nurse (RN).</p> <p>The findings include:</p> <p>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</p>	N000470	<p>N0470 The Home Care Administrator has in-serviced field staff on the agency policy and CDC Guidelines for Standard Precautions pertaining to infection control: handwashing/use of hand gel. Verification of competency was completed via pre/post testing and a competency check-off tool. Completed on 03/18/201410 (Ten) on-site supervisory home visits will be conducted with field staff by the Administrator or Nurse Case Manager to verify compliance to the agency policy and CDC guidelines of infection control measures using the Field Visit Supervisory Record tool. Completion date of 4/8/14. To ensure ongoing compliance: An additional 20 (Twenty) on-site supervisory home visits will be conducted with field staff by the Administrator or Nurse Case Manager to verify continued compliance to the agency policy and CDC guidelines of infection control measures using the Field Supervisory Record tool. Completion date of 10/8/14. Annual on-site field staff supervisory home visits conducted by the Administrator</p>	04/08/2014

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	<p>wound dressings. 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.</p> <p>2. The Centers for Disease Control and Prevention (CDC) document titled "Medication Preparation Questions" dated 3/2/2011 states, "Medications should be drawn up in a designated clean medication area that is not adjacent to areas where potentially</p>		<p>will include the hand hygiene guidelines competency tool for assessment of continued compliance by field staff of infection control measures per agency policy and CDC Guidelines for Standard Precautions. The Home Care Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected currently and ongoing.</p>				

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	<p>contaminated items are placed. Examples of contaminated items that should not be placed in or near the medication preparation area include: used equipment such as syringes, needles, IV tubing, blood collection tubes, needle holders (e.g., Vacutainer® holder), or other soiled equipment or materials that have been used in a procedure. In general, any item that could have come in contact with blood or body fluids should not be in the medication preparation area."</p> <p>3. During the home visit to patient #2 on 3/4/14 at 2:24 PM, employee A, RN, sanitized her hands with hand gel and placed clean gloves on top of the protective barrier that was on the floor. The RN performed wound care on the patient's right foot, took gloves off, gelled hands with hand sanitizer, and charted the patient's wound measurements in the paper chart. Then the RN donned clean gloves without gelling her hands with hand sanitizer, wrapped the patient's foot with gauze, took her gloves off, grabbed scissors, cleaned the scissors with a sanitization wipe, and donned clean gloves without gelling her hands with hand sanitizer. Then the RN cut the excessive wrapped gauze, taped the gauze to the patient's right foot, and put the patient's new sock</p>			

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	<p>on the patient's right foot.</p> <p>During an interview on 3/5/14 at 3:24 PM, employee Q, Administrator, indicated employee A should have sanitized her hands between glove changes.</p> <p>4. During the home visit to patient #4 on 3/5/14 at 9:17 AM, employee G, RN, sanitized her hands with hand sanitizer, took supplies / vials out of boxes, donned clean gloves without gelling hands, and punctured each vial to instill saline to reconstitute the medication. The RN took her gloves off, gelled her hands, set up the sterile field, put on the mask from the sterile kit, and flipped / touched / moved her hair out from under the mask strap with her hands. Then the RN immediately donned sterile gloves without sanitizing her hands with hand sanitizer, cleaned the patient's port site with chlorehexidine prep, and accessed the port.</p> <p>During an interview on 3/5/14 at 3:27 PM, employee Q, Administrator, indicated if employee G flipped her hair with her hands, then Employee G would need to sanitize her hands before donning sterile gloves.</p> <p>5. During the home visit to patient #5</p>						

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	<p>on 3/5/14 at 10:49 AM, employee C, HHA, washed her hands with soap and water, donned gloves, took the patient's temperature, and charted the result in the paper chart. Then the HHA reached into a bag of clean gloves with her gloved hand to grab clean gloves for later use. The HHA then took her gloves off, donned new gloves without sanitizing her hands with hand sanitizer, filled the wash basin for the patient's bath, and helped the patient with their walker to the chair to do the bath. The HHA washed the patient's face, assisted with undressing, and proceeded to scrub, rinse, dry, and apply lotion to the patient's body. Then the patient pulled their own pants down, and the HHA picked up the pants and used diaper off the ground and threw the diaper away in the trash can. With the same gloves on, the HHA took off the patient's socks, washed / scrubbed the patient's legs / feet, applied lotion to legs / feet, and put clean socks on patient. Then the HHA took off her gloves, donned new gloves without washing her hands, and gave the patient a wet rag to clean their perineal area. With the same rag, the HHA cleaned the patient's buttocks. Then the patient expressed that they needed to have a bowel movement. The HHA lifted the bedside commode lid wearing the same gloves, and the patient sat to</p>						

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	<p>have a bowel movement. The HHA handed the patient toilet paper, and the patient wiped his/her own buttocks. With the same gloves on, the HHA re-washed the patient's buttocks. The HHA put a new diaper on the patient still wearing the same gloves. The HHA put on the patient's clean pants. With the same gloves on, the HHA guided the patient with their walker to a chair across the room, dumped the wash basins out into the kitchen sink, and rinsed the wash basins. Still wearing the same gloves, the HHA moved the bathing supplies across the kitchen countertop and dried the basins with a towel. Then the HHA put the bathing supplies back into the wash basins. Then the HHA took off her gloves, used a paper towel to turn on the sink, and washed her hands in the sink with soap and water. After washing her hands, the HHA turned off the sink water with the same paper towel by pushing the lever down and proceeded to use the same towel with other paper towels to dry hands. The HHA continued charting in the paper chart.</p> <p>During an interview on 3/5/14 at 3:32 PM, employee Q, Administrator, indicated that employee C, HHA, should have sanitized her hands between glove changes.</p>				