

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157591	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/12/2012
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NAME OF PROVIDER OR SUPPLIER  MAXIM HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4646 W JEFFERSON BLVD STE 100 FORT WAYNE, IN 46804
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G0000	<p>This was a home health agency Federal recertification survey. This was a partial extended survey.</p> <p>Survey dates: October 9- 12, 2012.</p> <p>Partial Extended Survey date: October 11, 2012</p> <p>Facility #: 003757</p> <p>Medicaid #: 200484160</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 48 Home Health Aide Only: 28 Personal Care Only: 0 Total: 76</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN  October 16, 2012</p>	G0000		

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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G0121	<p><b>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</b> The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. Based on policy review, document review, observation, and interview, the agency failed to ensure the home health agency's infection control policies were followed during 1 of 5 home visits with the potential to affect all the patients seen by employee N. (#5)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The agency's policy titled "Hand Hygiene," #HH-ICS-005, effective date 4/22/11, states, "3.1 Personnel providing care in the home setting will regularly wash their hands, per the most recently published CDC (Centers for Disease Control) regulations and guidelines for hand hygiene in health care settings. ... 3.3 When hands are not visibly soiled, they should be decontaminated using an alcohol-based hand rub. An alternative to use of an alcohol-based hand rub is to wash hands with an antimicrobial soap and water. ... 4.1.6.3 Wash hands for at least 15 seconds covering all surfaces of the hands and fingers."</li> <li>Document review from the Centers for</li> </ol>	G0121	<p>Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employee N, regarding proper standards for hand hygiene. Employee N has received verbal education regarding proper standards for hand hygiene from Clinical Designee on 10/11/12. This in-service will include company policy requirements as stated in policy HH-ICS-005 as well as CDC Guidelines for Hand Hygiene in the Health Care setting. Direct Caregivers will be required to complete and pass a post test with and 80% or greater to acknowledge understanding of hand hygiene</p>	11/09/2012			

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	<p>Disease Control (CDC) titled "Guideline for Hand Hygiene in Health Care Settings" volume number 51, document number RR-16 dated 10/25/02 states, "Indications for handwashing and hand antisepsis: ... F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient) G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled. H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care. I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient ... 6. Other Aspects of Hand Hygiene ... C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and nonintact skin could occur. D. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients. E. Change gloves during patient care if moving from a contaminated body site to a clean body site. "</p> <p>3. During home visit observation on 10/11/12, employee N, a Licensed</p>		<p>requirements.</p> <p>Director of Clinical Services or Clinical Designee will educate all Clinical Supervisors on company policy regarding hand hygiene as well as CDC Guidelines for Hand Hygiene in the Health Care Setting. This education will take place during a weekly clinical meeting. Clinical Supervisors must sign an attendance log and letter of attestation acknowledging receipt and understanding of education.</p> <p>To prevent this deficiency from recurring in the future, all direct caregivers will be observed performing hand hygiene during initial competency assessment upon hire and during annual competency assessment on-going. Clinical supervisors will</p>		

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	<p>Practical Nurse (LPN), was observed administering a breathing treatment to patient #5. The LPN washed hands with soap and water but only scrubbed hands for approximately 10 seconds. After disconnecting the equipment, the LPN removed gloves, then washed hands again with soap and water but only used 10 seconds of scrubbing. The LPN then proceeded to wash the equipment at the bathroom sink without wearing gloves. When finished washing equipment, the LPN washed hands with soap and water for approximately 5 seconds.</p> <p>4. On 10/11/12 at 12:25 PM, employee K indicated the LPN should have washed hands longer than 5 and 10 seconds while using soap and water.</p>		<p>observe and monitor staff providing patient care for adherence to proper hand hygiene. This observation will take place during home supervisory visits when staff are present. The clinical supervisor will document the observation of staff performing hand hygiene on the Supervisory Visit note along with effectiveness and any further education provided as applicable. Ongoing process.</p>				

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N0000	<p>This was a home health agency State licensure survey.</p> <p>Survey dates: October 9- 12, 2012.</p> <p>Facility #: 003757</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 48 Home Health Aide Only: 28 Personal Care Only: 0 Total: 76</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN  October 16, 2012</p>	N0000			

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N0466	<p>410 IAC 17-12-1(j) Home health agency administration/management Rule 12 Sec. 1(j) The information obtained from the:</p> <p>(1) physical examinations required by subsection (h); and (2) tuberculosis evaluations and clinical follow-ups required by subsection (i) must be maintained in separate medical files and treated as confidential medical records, except as provided in subsection (k). Based on personnel file review, policy review, and interview, the agency failed to ensure the confidential medical records of employees were treated as confidential and maintained in separate medical files for 11 of 11 personnel files reviewed with the potential to affect all employees of the agency. (A, B, C, D, E, F, G, H, I, J, and K)</p> <p>Findings include:</p> <p>1. Personnel files A, B, C, D, E, F, G, H, I, J, and K each contained a folder labeled "Personnel File II (PF2) Confidential Employee Information." The folders contained the medical information of Tuberculosis screenings, health certificates or physicals, and Hepatitis B forms along with background check authorization, criminal background results, W-4 forms, miscellaneous payroll forms, employee status forms, driver's license verification forms, and patient</p>	N0466	<p>Director of Business Operations or Designee will remove medical information from worker's personnel file and maintain in a Confidential Medical File for each individual worker. Company policy HH-HR-010.3 subsection 4.2.1 states that "all health related information on personnel will be maintained in a separate file to maintain confidentiality according to the Americans with Disabilities Act" A 100% personnel file audit will be completed to ensure that all medical information is maintained in a separate confidential medical</p>	11/09/2012

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	<p>transportation checklist and authorization forms.</p> <p>2. On 10/9/12 at 2:00 PM, employee M indicated the agency recently changed the policy for personnel files and section PF2 has always contained the medical information since they started their Human Resources (HR) position.</p> <p>3. The agency's policy titled "Personnel File Format," #HH-HR-010.3, effective date 3/26/12, states "4.2.1. All health related information on personnel will be maintained in a separate file to maintain confidentiality according to the Americans with Disabilities Act."</p>		<p>file for each worker.</p> <p>Director of Business Operations or Designee will educate entire office staff on maintenance requirements for personnel medical information. This education will occur during an office staff meeting. Each attendee will sign an attendance log to indicate receipt and understanding of education.</p> <p>To prevent this deficiency from recurring in the future Director of Business Operations or designee will review each newly hired worker's personnel file prior to the worker's orientation to ensure proper filing of confidential medical information. On an ongoing basis 10% of all personnel files will be reviewed during the office's Quarterly Self Audit. Ongoing process.</p>		

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N0470	<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 policy review, document review, observation, and interview, the agency failed to ensure the home health agency's infection control policies were followed during 1 of 5 home visits with the potential to affect all the patients seen by employee N. (#5)</p> <p>Findings include:</p> <p>1. The agency's policy titled "Hand Hygiene," #HH-ICS-005, effective date 4/22/11, states, "3.1 Personnel providing care in the home setting will regularly wash their hands, per the most recently published CDC (Centers for Disease Control) regulations and guidelines for hand hygiene in health care settings. ... 3.3 When hands are not visibly soiled, they should be decontaminated using an alcohol-based hand rub. An alternative to use of an alcohol-based hand rub is to wash hands with an antimicrobial soap and water. ... 4.1.6.3 Wash hands for at least 15 seconds covering all surfaces of the hands and fingers."</p>	N0470	<p>Director of Clinical Services or Clinical Designee will provide in-service education to all direct caregivers, including employee N, regarding proper standards for hand hygiene. Employee N has received verbal education regarding proper standards for hand hygiene from Clinical Designee on 10/11/12. This in-service will include company policy requirements as stated in policy HH-ICS-005 as well as CDC Guidelines for Hand Hygiene in the Health Care setting. Direct Caregivers will be required to complete and pass a post test with and 80% or greater to acknowledge understanding</p>	11/09/2012

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	2. Document review from the Centers for Disease Control (CDC) titled "Guideline for Hand Hygiene in Health Care Settings" volume number 51, document number RR-16 dated 10/25/02 states, "Indications for handwashing and hand antiseptics: ... F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient) G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled. H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care. I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient ... 6. Other Aspects of Hand Hygiene ... C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and nonintact skin could occur. D. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients. E. Change gloves during patient care if moving from a contaminated body site to a clean body		of hand hygiene requirements.  Director of Clinical Services or Clinical Designee will educate all Clinical Supervisors on company policy regarding hand hygiene as well as CDC Guidelines for Hand Hygiene in the Health Care Setting. This education will take place during a weekly clinical meeting. Clinical Supervisors must sign an attendance log and letter of attestation acknowledging receipt and understanding of education.  To prevent this deficiency from recurring in the future, all direct caregivers will be observed performing hand hygiene during initial competency assessment upon hire and during annual competency assessment on-going.		

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	<p>site. "</p> <p>3. During home visit observation on 10/11/12, employee N, a Licensed Practical Nurse (LPN), was observed administering a breathing treatment to patient #5. The LPN washed hands with soap and water but only scrubbed hands for approximately 10 seconds. After disconnecting the equipment, the LPN removed gloves, then washed hands again with soap and water but only used 10 seconds of scrubbing. The LPN then proceeded to wash the equipment at the bathroom sink without wearing gloves. When finished washing equipment, the LPN washed hands with soap and water for approximately 5 seconds.</p> <p>4. On 10/11/12 at 12:25 PM, employee K indicated the LPN should have washed hands longer than 5 and 10 seconds while using soap and water.</p>		<p>Clinical supervisors will observe and monitor staff providing patient care for adherence to proper hand hygiene. This observation will take place during home supervisory visits when staff are present. The clinical supervisor will document the observation of staff performing hand hygiene on the Supervisory Visit note along with effectiveness and any further education provided as applicable. Ongoing process.</p>		