

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157630	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/05/2014
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NAME OF PROVIDER OR SUPPLIER  DIVINE HOME HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5215 N BEND DR FORT WAYNE, IN 46804
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N000000	<p>This was a state home health complaint investigation.</p> <p>Complaint #: IN00147234 - Unsubstantiated: Lack of Sufficient Evidence. State deficiencies unrelated to the allegation are cited.</p> <p>Survey Date: May 5, 2014</p> <p>Facility Number: 012100</p> <p>Medicaid Number: 200984210</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 8, 2014</p>	N000000		
N000550	<p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (RN)</p>	N000550	Agency RNs will be in-serviced on the creation of HHA care plans for patients. Further, the RNs will	06/09/2014

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

TITLE

(X6) DATE

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

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	<p>delegated tasks appropriately and within the scope of skills to the Home Health Aides (HHA) for 1 of 3 records reviewed of patients receiving skilled and HHA services with the potential to affect all the agency's 52 patients who receive skilled and HHA services. (#3)</p> <p>Findings include</p> <p>1. Clinical record #3, start of care date 12/20/13, contained a plan of care dated 4/19-6/17/14 with orders for skilled nurse (SN) 1 time a week x 9 weeks and HHA 14 hours weekly under pre-authorization services and waiver hours as needed.</p> <p>A. The record contained a physician order dated 4/32/14 to cleanse abdominal wound with normal saline, pat dry, apply neosporin to wound bed and cover with 4 x 4 and tape daily. SN to teach HHAs how to cleanse wound and apply 4 x 4. The Skilled Nurse Progress Note dated 4/23/14 states, "Pt [patient] complains of pain in abdomen with intensity of 4 on scale of 0-10. Wound is located at center of abdomen. Pt had scratched and dug at old surgical wound and today it opened up. ... SN will assess at weekly visits."</p> <p>B. The record contained a physician order dated 4/10/14 with orders for SN to see patient today 4/10/14 for as needed</p>		<p>be in-serviced on the scope of services/tasks that a home health aide can and cannot do for the patient. The Agency's Director of Nursing will be responsible for ensuring this action plan. Going forward, all incoming nursing staff will be oriented on the creation of Home health aide care plans as to what home health aides can and cannot do for the patient in the home. This will ensure that home health aides are not performing services/duties outside of the scope of their state license. Agency Director of Nursing will be responsible for ensuring this procedure.</p>	

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	<p>visit. Agency received call from patient saying they had a new wound on their abdominal area and needs SN to assess and complete wound care.</p> <p>C. A second physician order dated 4/10/14 was evidenced for abdominal wound above umbilical site due to patient scratching / digging at old incision, Wound is 2 centimeters by 0.2 centimeters. SN to assess wound weekly, cleanse area with saline wash, apply neosporin to wound and cover with a 4 x 4. The agency may discontinue wound care when wound healed.</p> <p>2. During interview on 5/5/14 at 11:30 AM, employee B indicated the registered nurses (RNs) taught the HHAs to do the dressing changes since the neosporin is over the counter, and the HHAs have been doing the daily dressing changes, the RNs assess it weekly, and Medicare was just here last week for survey and said this is okay to do. Employee B indicated the HHAs are not specifically documenting the dressing changes but that it falls under Medication Reminders.</p> <p>3. The agency's undated policy titled "Home Health Aide Services," #801A, 802A states "1. Home Health Aide services may include: ... j. Assisting with medications, and other delegated</p>						

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	nursing tasks as directed by the Supervising Nurse and in accordance with state law and agency policy. ... 4. Delegated nursing tasks performed by home health aides must be properly delegated and documented according to specific State/Federal and agency policies."			