

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/30/2012	
NAME OF PROVIDER OR SUPPLIER A HOPEFUL HEART HOME CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1038 E MAIN ST GAS CITY, IN 46933			
(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			
G0000	<p>This was an initial home health Medicaid certification survey. This was a partial extended survey.</p> <p>Survey dates: 3/27/12- 3/30/12</p> <p>Facility #: 012690</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census: 13</p> <p>Home Visits: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 3, 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>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 observation during home visit, policy review, and interview, the agency failed to ensure proper disposal of used insulin needles in the patient's home for 1 of 1 home visit with the potential to affect all the agency's diabetic patients. (#4)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During home visit on 3/29/12 at 8:30 AM, employee C assisted and observed the patient (#4) to self administer insulin via insulin pen. Patient did not prep skin with alcohol before injecting insulin and then removed the two used needles from insulin pen and threw them in the trash can. 2. During interview on 3/29/12 at 10:31 AM, employee B indicated the patient is not educatable and the daughter does not want things changed in the home, such as providing a sharps container, due to the patient getting anxious and upset with changes and the family burns the trash. 3. The agency's policy titled "OSHA Infection Control/Exposure Control Plan" 	G0121	G 121 All patients producing used sharps have been educated on proper disposal of sharps, appropriate types of containers to be used, the use of alcohol pads prior to the administration of injectable medications, and infection control. Agency staff have been in-serviced on infection control, bloodborne pathogens and proper disposal of sharps. All patient charts will be audited every two weeks for three months and then monthly to ensure patient education has been documented. The Director of Nursing or designee will make an onsite visit after the initial assesment has been completed on patients producing used sharps to ensure proper education has been completed and to monitor for compliance. The Director of Nursing will be responsible to ensure that this deficiency will not recur.	04/17/2012			

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	<p>#B-405, reviewed 8/1/11 states under "Special Instructions" section "1. Client infection control procedures shall include, but not be limited to: ... e. Provision by the agency and use by employees of impervious containers for disposal of needles."</p> <p>4. The agency's policy titled "Infection Prevention/Control" #B-403, reviewed 8/1/11 states under the section "Standard Precautions-Tier One: ... 8. All sharp instruments and needles are discarded in a puncture-resistant container."</p> <p>5. The agency's policy titled "Standard Infection Control Procedures for Home Care" #N-100, reviewed 8/1/11 states under "Procedure: ... 3. Carefully manage all needles and other sharp instruments. ... Discard them intact immediately after use into a puncture resistant container. ... 11. Disposal of biohazardous Waste: ... b. Safely and appropriately package, transport and dispose of these items. ... f. Place sharps and needles in puncture-resistant containers."</p> <p>6. The agency's policy titled "Cleaning and Disinfecting in the Home" #B-406, reviewed 8/1/11, states under the section "Special Instructions: ... 3. Regulated Waste; a. Contaminated sharps shall be discarded immediately or as soon as</p>						

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	feasible in containers that are: Closable. Puncture-resistant. Leak proof on sides and bottom. Labeled and color-coded." 7. The agency's policy titled "Safety Management Program" #B-315, reviewed 8/1/11, states under the section "Special Instructions: 1. All appropriate employees and clients/caregivers, as indicated, shall receive instruction in safety management including, but not limited to: g. storage, handling, delivery, ... and needles. j. Disposal of needles in a non-penetrable, non-glass container. 2. Clients and families will be informed of the risks identified in the home safety assessment, and encouraged to participate in managing the risks."			

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G0159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review, observation during home visits, policy review, and interview, the agency failed to ensure the accuracy of Home Health Certification Plan of Care requirements including certification period dates and listing of all DME (Durable Medical Equipment) for 4 of 10 records reviewed with the potential to affect all the agency's patients. (#5, 6, 7, and 9).</p> <p>Findings include:</p> <p>1. Clinical record #5 contained a Home Health Certification and Plan of Care with start of care date 3/20/12, certification period 3/20/12 thru 5/18/12. On 3/28/12 at 1:10 PM during home visit, equipment observed in home included an oxygen concentrator and a portable oxygen tank. Neither are listed under DME on the plan of care.</p>	G0159	G 159All agency staff have been educated on the plan of care requirements and dating requirements.All charts will be audited after admission and every 30 days for 60 days. All charts will then be audited after admission and upon recertification.The Director of Nursing will be responsible for monitoring these corrective actions to ensure this deficiency will not recur.	04/02/2012			

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	<p>2. Clinical record #6 contained a Home Health Certification and Plan of Care with start of care date 11/16/2011, certification period thru 1/14/2012. The first re-certification period is dated 1/12/12/thru 3/11/12 and should be dated 1/15/12 thru 3/14/12. The second re-certification period is dated 3/12/12 thru 5/13/12 and should be dated 3/15/12 thru 5/13/12.</p> <p>3. Clinical record #7 contained a Home Health Certification and Plan of Care with start of care date 11/21/2011, certification period thru 1/19/2012. The first re-certification period is dated 1/18/12/thru 3/17/12 and should be dated 1/20/12 thru 3/19/12.</p> <p>4. Clinical record #9 contained a Home Health Certification and Plan of Care with start of care date 2/02/12, certification period 2/02/12 thru 4/01/12. On 3/28/12 at 10:10 am during home visit, equipment observed in home included a walker, seat cushion, and life alert necklace. None are listed under DME on plan of care.</p> <p>5. Agency policy titled "Plan of Care" #C-580 with review date of 8/1/11 states "The Plan of Care shall be completed in full to include: ... m. Medical supplies and equipment required."</p>			

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	6. On 3/28/12 at 2:15 PM, employee B indicated the seat cushion for patient #9 was recently obtained and they just became aware of it today. Employee B also indicated the walker was listed under the safety section on the plan of care for patient #9. Employee B indicated the certification period dates are incorrect on some of the first few patients the agency saw and there was confusion at first about re-certification dates.						

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G0166	<p>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS</p> <p>Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.</p> <p>Based on clinical record review, policy review and interview, the agency failed to ensure medication orders included the route and the reason for giving for 2 of 10 clinical records reviewed with the potential to affect all the agency's patients. (#1 and 7)</p> <p>Findings include:</p> <p>1. Clinical record #1 included a physician order dated 1/26/12 for "Gevity 1 can three times daily" with no route indicated on the order. Another order was dated 2/3/12 for "Increase Gevity to 5 cans daily" with no route indicated on the order.</p> <p>A. On 3/27/12 at 3:05 PM, employee B indicated the route was missing from the order.</p> <p>B. The agency's policy titled "Physician Orders" #C-635 and reviewed 8/1/11 states under special instructions, "2. All orders for medications must</p>	G0166	G 166Agency staff have been educated on the policies titled "Physician Orders"C-635 and "Medication Orders"C-706. All records will be reviewed every two weeks for three months and then monthly. A fax log has been implemented to ensure that staff are aware of outstanding physician orders.The Director of Nursing will be responsible for monitoring these corrective actions to ensure this deficiency will not recur.	04/11/2012			

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	<p>contain the name of the drug, dosage, route of administration, and directions for use."</p> <p>C. The agency's policy titled "Medication Orders" #C-706, reviewed 8/1/11 states under special instructions, "1. All medication orders, including herbal preparations, must contain dosage, route and frequency."</p> <p>2. Clinical record #7 included an order dated 2/10/12 to "D/C [discontinue] hydrocodone 10/325 mg [milligram] 1 tab PO [oral] Q [every] 6 hours PRN [as needed]. Begin Percocet 7.5/325 mg 1/2-1 tablet PO Q 4-6 hours PRN," with no indication of reason for Percocet. As of 3/30/12, the physician had not signed the order.</p> <p>A. The agency's policy titled "Medication Orders" #C-706, reviewed 8/1/11, states under special instructions, "4. Orders for PRN medications must include name, dose, reason for use and any specific time constraints for administration."</p> <p>B. On 3.27/12 at 3:15 PM, employee B indicated the agency has called the prescribing physician several times as indicated on the fax log date Feb 10 with no response. The agency contacted the</p>						

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	<p>pharmacy that filled the prescription and obtained a copy of the original prescription but it is dated 3/8/12. Employee B also indicated the agency's policy for physician signature is as soon as possible and that when necessary the agency will go directly to the physician office to obtain signature if needed.</p> <p>C. The agency's policy titled "Physician Orders" #C-635 and reviewed 8/1/11 states under special instructions, "8. A system will be used by the agency to ensure the telephone orders are signed and dated by the physician and returned to the client's clinical record within an appropriate time frame. Agency will implement a tracking system to assure timely response."</p>			

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G0341	<p>484.55(d)(3) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration of the OASIS) at discharge.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure discharge assessments were completed for 2 of 2 discharge records reviewed with the potential to affect all the agency's discharged patients. (#7,8).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Clinical record #7 contained a contained a Home Health and Certification Plan of Care dated 11/21/11 thru 1/19/12. Interdisciplinary note dated 2/13/12 indicated "patient requested to change home care agency." No discharge comprehensive assessment was in the record. On 3/29/12 at 1:50 PM, employee B indicated patient #7 refused to allow the agency to go back to the home for a comprehensive assessment so the agency completed a discharge summary only. Clinical record #8 contained a Home Health and Certification Plan of Care dated 2/29/12 thru 4/28/12. Interdisciplinary note dated 3/5/12 indicated "patient declined further 	G0341	G 341Case managers have been educated on the client discharge processAll charts will be audited every two weeks for three months and then monthly.The Director of Nursing will be responsible for monitoring these corrective actions to ensure this deficiency will not recur.	04/02/2012

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	<p>services." No discharge comprehensive assessment was in the record.</p> <p>On 3/29/12 at 1:55 PM, employee B indicated patient #8 does not have insurance so they did not need to do a discharge comprehensive assessment.</p> <p>3. The agency's policy titled "Client Discharge Process" #C-500, reviewed 8/1/11 states, under "Discharge Criteria" section, "5. A discharge OASIS assessment will be completed as appropriate." and "6. Agency staff will complete a discharge summary that includes the following information: ... c. Status at discharge / last visit / current medications, therapies, and continuing care needs."</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 observation during home visit, policy review, and interview, the agency failed to ensure proper disposal of used insulin needles in the patient's home for 1 of 1 home visit with the potential to affect all the agency's diabetic patients. (#4)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During home visit on 3/29/12 at 8:30 AM, employee C assisted and observed the patient (#4) to self administer insulin via insulin pen. Patient did not prep skin with alcohol before injecting insulin and then removed the two used needles from insulin pen and threw them in the trash can. 2. During interview on 3/29/12 at 10:31 AM, employee B indicated the patient is not educatable and the daughter does not want things changed in the home, such as providing a sharps container, due to the patient getting anxious and upset with changes and the family burns the trash. 3. The agency's policy titled "OSHA 	N0470	N 470All patients producing used sharps have been educated on proper disposal of sharps, appropriate types of containers to be used, the use of alcohol pads prior to the administration of injectable medications, and infection control. Agency staff have been in-serviced on infection control, bloodborne pathogens and proper disposal of sharps. All patient charts will be audited every two weeks for three months and then monthly to ensure patient education has been documented. The Director of Nursing or designee will make an onsite visit after the initial assesment has been completed on patients producing used sharps to ensure proper education has been completed and to monitor for compliance. The Director of Nursing will be responsible to ensure that this deficiency will not recur.	04/17/2012			

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	<p>Infection Control/Exposure Control Plan" #B-405, reviewed 8/1/11 states under "Special Instructions" section "1. Client infection control procedures shall include, but not be limited to: ... e. Provision by the agency and use by employees of impervious containers for disposal of needles."</p> <p>4. The agency's policy titled "Infection Prevention/Control" #B-403, reviewed 8/1/11 states under the section "Standard Precautions-Tier One: ... 8. All sharp instruments and needles are discarded in a puncture-resistant container."</p> <p>5. The agency's policy titled "Standard Infection Control Procedures for Home Care" #N-100, reviewed 8/1/11 states under "Procedure: ... 3. Carefully manage all needles and other sharp instruments. ... Discard them intact immediately after use into a puncture resistant container. ... 11. Disposal of biohazardous Waste: ... b. Safely and appropriately package, transport and dispose of these items. ... f. Place sharps and needles in puncture-resistant containers."</p> <p>6. The agency's policy titled "Cleaning and Disinfecting in the Home" #B-406, reviewed 8/1/11, states under the section "Special Instructions: ... 3. Regulated Waste; a. Contaminated sharps shall be</p>			

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	discarded immediately or as soon as feasible in containers that are: Closable. Puncture-resistant. Leak proof on sides and bottom. Labeled and color-coded." 7. The agency's policy titled "Safety Management Program" #B-315, reviewed 8/1/11, states under the section "Special Instructions: 1. All appropriate employees and clients/caregivers, as indicated, shall receive instruction in safety management including, but not limited to: g. storage, handling, delivery, ... and needles. j. Disposal of needles in a non-penetrable, non-glass container. 2. Clients and families will be informed of the risks identified in the home safety assessment, and encouraged to participate in managing the risks."						

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review, observation during home visits, policy review, and interview, the agency failed to ensure the accuracy of Home Health Certification Plan of Care requirements including certification period dates and listing of all DME (Durable Medical Equipment) for 4 of 10 records reviewed with the potential to affect all the agency's patients. (#5, 6, 7, and 9).</p> <p>Findings include:</p>	N0524	N 524All agency staff have been educated on the plan of care requirements and dating requirements.All charts will be audited after admission and every 30 days for 60 days. All charts will then be audited after admission and upon recertification.The Director of Nursing will be responsible for monitoring these corrective actions to ensure this deficiency will not recur.	04/02/2012			

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	<p>1. Clinical record #5 contained a Home Health Certification and Plan of Care with start of care date 3/20/12, certification period 3/20/12 thru 5/18/12. On 3/28/12 at 1:10 PM during home visit, equipment observed in home included an oxygen concentrator and a portable oxygen tank. Neither are listed under DME on the plan of care.</p> <p>2. Clinical record #6 contained a Home Health Certification and Plan of Care with start of care date 11/16/2011, certification period thru 1/14/2012. The first re-certification period is dated 1/12/12/thru 3/11/12 and should be dated 1/15/12 thru 3/14/12. The second re-certification period is dated 3/12/12 thru 5/13/12 and should be dated 3/15/12 thru 5/13/12.</p> <p>3. Clinical record #7 contained a Home Health Certification and Plan of Care with start of care date 11/21/2011, certification period thru 1/19/2012. The first re-certification period is dated 1/18/12/thru 3/17/12 and should be dated 1/20/12 thru 3/19/12.</p> <p>4. Clinical record #9 contained a Home Health Certification and Plan of Care with start of care date 2/02/12, certification period 2/02/12 thru 4/01/12. On 3/28/12</p>						

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	<p>at 10:10 am during home visit, equipment observed in home included a walker, seat cushion, and life alert necklace. None are listed under DME on plan of care.</p> <p>5. Agency policy titled "Plan of Care" #C-580 with review date of 8/1/11 states "The Plan of Care shall be completed in full to include: ... m. Medical supplies and equipment required."</p> <p>6. On 3/28/12 at 2:15 PM, employee B indicated the seat cushion for patient #9 was recently obtained and they just became aware of it today. Employee B also indicated the walker was listed under the safety section on the plan of care for patient #9. Employee B indicated the certification period dates are incorrect on some of the first few patients the agency saw and there was confusion at first about re-certification dates.</p>						

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N0547	<p>410 IAC 17-14-1(a)(1)(H) Scope of Services Rule 14 Sec. 1(a) (1)(H) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (H) Accept and carry out physician, chiropractor, podiatrist, dentist and optometrist orders (oral and written).</p> <p>Based on clinical record review, policy review and interview, the agency failed to ensure medication orders included the route and the reason for giving for 2 of 10 clinical records reviewed with the potential to affect all the agency's patients. (#1 and 7)</p> <p>Findings include:</p> <p>1. Clinical record #1 included a physician order dated 1/26/12 for "Gevity 1 can three times daily" with no route indicated on the order. Another order was dated 2/3/12 for "Increase Gevity to 5 cans daily" with no route indicated on the order.</p> <p>A. On 3/27/12 at 3:05 PM, employee B indicated the route was missing from the order.</p> <p>B. The agency's policy titled "Physician Orders" #C-635 and reviewed 8/1/11 states under special instructions, "2. All orders for medications must</p>	N0547	N 547Agency staff have been educated on the policies titled "Physician Orders"C-635 and "Medication Orders"C-706. All records will be reviewed every two weeks for three months and then monthly. A fax log has been implemented to ensure that staff are aware of outstanding physician orders.The Director of Nursing will be responsible for monitoring these corrective actions to ensure this deficiency will not recur.	04/11/2012			

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	<p>contain the name of the drug, dosage, route of administration, and directions for use."</p> <p>C. The agency's policy titled "Medication Orders" #C-706, reviewed 8/1/11 states under special instructions, "1. All medication orders, including herbal preparations, must contain dosage, route and frequency."</p> <p>2. Clinical record #7 included an order dated 2/10/12 to "D/C [discontinue] hydrocodone 10/325 mg [milligram] 1 tab PO [oral] Q [every] 6 hours PRN [as needed]. Begin Percocet 7.5/325 mg 1/2-1 tablet PO Q 4-6 hours PRN," with no indication of reason for Percocet. As of 3/30/12, the physician had not signed the order.</p> <p>A. The agency's policy titled "Medication Orders" #C-706, reviewed 8/1/11, states under special instructions, "4. Orders for PRN medications must include name, dose, reason for use and any specific time constraints for administration."</p> <p>B. On 3.27/12 at 3:15 PM, employee B indicated the agency has called the prescribing physician several times as indicated on the fax log date Feb 10 with no response. The agency contacted the</p>						

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	<p>pharmacy that filled the prescription and obtained a copy of the original prescription but it is dated 3/8/12. Employee B also indicated the agency's policy for physician signature is as soon as possible and that when necessary the agency will go directly to the physician office to obtain signature if needed.</p> <p>C. The agency's policy titled "Physician Orders" #C-635 and reviewed 8/1/11 states under special instructions, "8. A system will be used by the agency to ensure the telephone orders are signed and dated by the physician and returned to the client's clinical record within an appropriate time frame. Agency will implement a tracking system to assure timely response."</p>			