

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157483		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/31/2013	
NAME OF PROVIDER OR SUPPLIER  FRIENDS HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 110 N 15TH ST VINCENNES, IN 47591			
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G0000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Facility #: 009488</p> <p>Survey Dates: 1-28-13, 1-29-13, and 1-30-13</p> <p>Medicaid Vendor #: 200198250</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>February 1, 2013</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)</b> <b>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 observation, interview, and review of agency policy, the agency failed to ensure services had been provided in accordance with its own infection control policies and procedures in 5 (#s 1, 2, 3, 4, and 5) of 5 home visit observations completed creating the potential for the spread of disease causing organisms among staff and all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. The agency's undated "Principles of Standard Precautions and Body Substance Isolation: OSHA Bloodborne Pathogen Standards" policy states, "Use Standard Precautions when implementing all clinical procedures."</p> <p>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</p>	G0121	<p>1.) The deficiency will be corrected by inservices to be held over the next month beginning on 02/01/2013. All field staff employees will be inserviced on proper handwashing and bag technique. Inservice will be based on MMWR guideline for hand hygiene in health care setting &amp; CDC 2007 guideline for isolation precautions.2.) The deficiency will be prevented from reoccurring by initiating performance indicators and implementing infection control performance supervision checking for the following: A. Periodically monitoring and recording adherence to hand hygiene.B. Monitoring the volume of alcohol based hand rub being used.C. Assessing the adequacy of health care worker hand hygiene if outbreaks of infection occur.3.) The administrator will be responsible for monitoring all inservices and performance indicators.4.) The deficiency will be corrected in full by 03/01/2013</p>	03/01/2013
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	<p>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 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. A home visit was made to patient</p>			

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	<p>number 1 with employee F, a registered nurse (RN), on 1-28-13 at 11:25 AM central time. The RN washed her hands and donned clean gloves. The RN then touched a light switch on the wall, reached into her pocket, obtained a flashlight and examined the interior of the patient's mouth. The RN then placed the flashlight back into her pocket.</p> <p>A. The RN then proceeded to complete an assessment of the patient. The RN reached into her pocket on multiple occasions to obtain alcohol packets and equipment needed to complete the assessment. During the assessment, the RN retrieved gloves from her pocket and donned the clean gloves without cleansing her hands.</p> <p>B. The RN retrieved a stethoscope and used it throughout the assessment. After using the stethoscope to take the patient's blood pressure, the RN draped the stethoscope around her neck. The RN placed a blood pressure cuff around the patient's arm, removed the stethoscope from around her neck and obtained a blood pressure reading. The RN then replaced the stethoscope around her neck.</p> <p>C. The RN changed her gloves and cleansed her hands in preparation for completing care to the patient's</p>				

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	<p>gastrostomy tube (G tube) insertion site. The RN stated, "About 3 months ago, the patient had staph around the G tube." After donning clean gloves, the RN obtained linens from the closet, touched a light switch, picked up a dropped glove from the floor, and moistened the washcloths with warm water from a faucet in the kitchen. The RN then changed her gloves without cleansing her hands. The RN cleansed around the G tube insertion site and was observed to apply an antibiotic ointment to the insertion site using her gloved finger.</p> <p>D. After applying the medication with her gloved finger, the RN removed the glove from the hand she had used to apply the medication to the site and reached into her pocket. The RN then cleansed the one hand with cleanser, obtained a clean glove from her pocket, and donned it. The RN then replaced the medication in a bowl on the counter and placed the used linen in the laundry room.</p> <p>E. The RN prepared to administer medication both orally and through the G tube. The RN cleansed her hands and donned clean gloves. She obtained a measuring cup from the cabinet and filled it with water from the faucet in the kitchen. She retrieved a nasal spray from the supply and administered it. The RN</p>						

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	<p>then removed her gloves and threw them down on the floor, reached into her pocket and retrieved clean gloves, and donned them without cleansing her hands. The RN then placed a chewable medication in the patient's mouth. The RN removed her gloves, threw them down on the floor, reached into her pocket to obtain clean ones, and donned them without cleansing her hands.</p> <p>F. The RN then administered a medication via the G tube. After administering the medication and flushing the G tube with water, the RN removed her gloves and threw them on the floor on the pile of gloves accumulated throughout the medication administration procedure. The RN retrieved a paper towel from the kitchen and donned clean gloves without cleansing her hands. The RN then cleansed leakage from the medication administration from around the G tube site. The RN removed her gloves and picked up the pile of used gloves from the floor and disposed of them in the trash. The RN then washed her hands.</p> <p>3. A home visit was made to patient number 2 with employee G, a home health aide, on 1-29-13 at 10:20 AM central time. The aide was observed to assist the patient with a complete bath. The aide donned clean gloves without</p>						

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	<p>cleansing her hands and made the patient's bed. After preparing the linens for the bath, the aide removed her gloves and washed her hands. The aide then prepared the patient's clothing and placed them on the bed in the adjoining room. The aide placed a hanger in the closet and positioned a walker for use by the patient in the bathroom. The aide then donned clean gloves without cleansing her hands and assisted the patient with the bath.</p> <p>4. A home visit was made to patient number 3 with employee C, a physical therapy assistant (PTA), on 1-29-13 at 12:40 PM central time. The PTA was not observed to wash her hands prior to starting the physical therapy treatment on the patient.</p> <p>5. A home visit was made to patient number 4 with employee B, a RN, on 1-30-13 at 9:00 AM central time. The RN was observed to wash her hands then take a pulse oximetry reading and a blood pressure. The RN donned clean gloves without cleansing her hands and listened to the patient's heart rate. The RN removed her gloves and reached into her right pocket to obtain clean gloves. She cleansed her hands and donned the clean gloves retrieved from her pocket. The RN took the patient's blood pressure and examined an area on the patient's back.</p>						

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	<p>The RN changed her gloves without cleansing her hands and examined the patient's lower extremities.</p> <p>After completing the assessment, the RN filled the patient's medication planner. After this task was completed, the RN removed her gloves and retrieved her phone from her pocket and placed a call to the pharmacy to refill some of the patient's medications. The RN then washed her hands after completing the telephone call.</p> <p>6. A home visit was made to patient number 5 with employee D, a PTA, on 1-30-13 at 11:40 AM central time. The therapist was not observed to cleanse her hands prior to starting the treatment on the patient.</p> <p>7. The above-stated findings were discussed with the administrator, employee A, on 1-30-13 at 1:25 PM central time. The administrator indicated the observations were not in compliance with the agency's infection control policies and procedures. The administrator indicated further that multiple infection control inservices had been completed with the employees.</p>			

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G0158	<p>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 and agency policy review and interview, the agency failed to ensure services, medications, and treatments had been provided in accordance with the plan of care in 5 (#s 1, 2, 4, 5, and 6) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.  The findings include:</p> <p>1. Clinical record number 1 included skilled nurse (SN) visit notes, dated 1-8-13, 1-9-13, 1-10-13, 1-11-13, 1-14-13, 1-15-13, 1-16-13, 1-17-13, and 1-18-13, that evidenced 5 milliliters (ml) of penicillin had been administered to the patient. The plan of care failed to include an order for the penicillin.</p> <p>A. A SN visit note dated 1-18-13 evidenced the SN, employee F, had applied an antibiotic ointment to the patient's left great toe and 2nd right toe. The plan of care failed to evidence an order for the application of the antibiotic ointment.</p>			G0158	<p>1.) The deficiency will be corrected by inservicing all field staff on the importance of reading and adhering to the written plan of care and assignment sheets. Also on obtaining verbal/written orders in addition for any new medications or products found in the home.2.) To prevent reoccurrence of the deficiency the administrator will cross check all field notes against the written plan of care and assignment sheets to ensure compliance.3.) The administrator will be responsible for monitoring staff notes and plans of care to ensure compliance.</p>		02/01/2013

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	<p>B. The administrator, employee A, indicated, on 1-28-13 at 1:20 PM central time, the nurse had not obtained an order to administer the penicillin.</p> <p>2. During a home visit to patient number 2, with employee G, a home health aide, observation noted kinesio tape on the patient's left upper arm. The home health aide stated, "I put the tape on the patient's arm yesterday." The plan of care failed to evidence an order for the kinesio tape.</p> <p>The administrator, employee A, stated, on 1-29-13 at 11:00 AM central time, "It [the tape] was probably initiated by physical therapy. I did not know about it."</p> <p>3. Clinical record number 4 included a plan of care, established by the physician for the certification period 1-7-13 to 3-7-13, that states, "Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities."</p> <p>A. SN visit notes, dated 1-7-13 and 1-9-13, failed to evidence the SN, employee B, had monitored the patient's lower extremities for the presence of skin lesions.</p> <p>B. The administrator, employee A, stated, on 1-29-13 at 12:00 PM central</p>				

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	<p>time, "I know the nurse checks the patient's feet and legs. She just hasn't documented it."</p> <p>4. Clinical record number 5 included a "Physical Therapy Eval [evaluation] and Plan of Care" dated 12-21-12 that evidenced physical therapy was to be provided 3 times per week for 6 weeks, then 2 times per week.</p> <p>A. The record evidenced no therapy visits had been provided the week of 12-25-12, only 2 visits had been provided the week of 1-6-13, and no visits had been provided the week of 1-13-13.</p> <p>B. The administrator, employee A, was unable to provide any additional documentation and/or information as to why the physical therapy visits had not been provided as ordered when asked on 1-29-13 at 2:40 PM central time.</p> <p>5. Clinical record number 6 included a "Telephone and/or Verbal Orders" signed and dated by employee F, a registered nurse, on 1-7-13. The order states, "Give 10 mg [milligrams] vit [vitamin] K tonight."</p> <p>A. The record failed to evidence the vitamin K had been administered.</p>						

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	<p>B. The administrator, employee A, indicated, on 1-29-13 at 3:20 PM, the record did not evidence the vitamin K had been administered.</p> <p>6. The agency's undated "Physician's Plan of Treatment/Change Orders" policy states, "A physician's plan of treatment is a written guide for the delivery of care prepared by the physician and incorporated as a part of the patient's permanent clinical record."</p>			

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G0159	<p><b>484.18(a)</b> <b>PLAN OF CARE</b></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 and agency policy review and interview, the agency failed to ensure plans of care included all medications in 1 (# 8) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 8 included a start of care comprehensive assessment dated 10-5-12 and a recertification comprehensive assessment dated 11-30-12 that identified the patient receives hemodialysis treatments 3 times per week at an inpatient dialysis center.</p> <p>A. The plan of care failed to include the medications administered to the patient during the dialysis treatment.</p> <p>B. The administrator, employee A, indicated, on 1-30-13 at 10:00 AM central</p>	G0159	<p>1.) An inservice on the medical Plan of Care was held with the Nursing staff. The inservice reviewed all aspects of the plan of care an th necessity to include all medications being received by the client on the medicine sheet and/or the plan of care.2.) 10% of all clinical records will be reviewed quarterly for evidence that all medications received by client are on medicine sheet and/or plan of care.3.) The administrator will be responsible for monitoring that these corrections are continually being done.</p>	02/01/2013	

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	<p>time, the plan of care did not include the medications administered to the patient during the dialysis treatment.</p> <p>C. The administrator, employee A, stated, on 1-30-13 at 10:20 AM, "I called the dialysis facility. The patient receives EPO 22 units 2 times per week, Venofer 50 milligrams 1 time per week, and Hectorol 3.5 micrograms 3 times per week."</p> <p>2. The agency's undated "Physician's Plan of Treatment/Change Orders" states, "Agency personnel shall participate in the development of the plan, which shall include: . . . Medications."</p>			

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G0170	<p><b>484.30 SKILLED NURSING SERVICES</b> The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record and agency policy review and interview, the agency failed to ensure skilled nursing had been provided in accordance with the plan of care in 3 (#s 1, 4, and 6) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included skilled nurse (SN) visit notes, dated 1-8-13, 1-9-13, 1-10-13, 1-11-13, 1-14-13, 1-15-13, 1-16-13, 1-17-13, and 1-18-13, that evidenced 5 milliliters (ml) of penicillin had been administered to the patient. The plan of care failed to include an order for the penicillin.</p> <p>A. A SN visit note dated 1-18-13 evidenced the SN, employee F, had applied an antibiotic ointment to the patient's left great toe and 2nd right toe. The plan of care failed to evidence an order for the application of the antibiotic ointment.</p> <p>B. The administrator, employee A, indicated, on 1-28-13 at 1:20 PM central time, the nurse had not obtained an order to administer the penicillin.</p>	G0170	<p>1.) The deficiency will be corrected by inservicing all field staff on the importance of reading and adhering to the written plan of care and assignment sheets. Also on obtaining verbal/written orders in addition for any new medications or products found in the home.2.) To prevent reoccurrence of the deficiency the administrator will cross check all field notes against the written plan of care and assignment sheets to ensure compliance.3.) The administrator will be responsible for monitoring staff notes and plans of care to ensure compliance.</p>	02/01/2013			

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	<p>2. Clinical record number 4 included a plan of care, established by the physician for the certification period 1-7-13 to 3-7-13, that states, "Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities."</p> <p>A. SN visit notes, dated 1-7-13 and 1-9-13, failed to evidence the SN, employee B, had monitored the patient's lower extremities for the presence of skin lesions.</p> <p>B. The administrator, employee A, stated, on 1-29-13 at 12:00 PM central time, "I know the nurse checks the patient's feet and legs. She just hasn't documented it."</p> <p>4. Clinical record number 6 included a "Telephone and/or Verbal Orders" signed and dated by employee F, a registered nurse, on 1-7-13. The order states, "Give 10 mg [milligrams] vit [vitamin] K tonight."</p> <p>A. The record failed to evidence the vitamin K had been administered.</p> <p>B. The administrator, employee A, indicated, on 1-29-13 at 3:20 PM, the record did not evidence the vitamin K had been administered.</p>						

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	5. The agency's undated "Physician's Plan of Treatment/Change Orders" policy states, "A physician's plan of treatment is a written guide for the delivery of care prepared by the physician and incorporated as a part of the patient's permanent clinical record."			

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G0321	<p><b>484.20(a)</b> <b>ENCODING OASIS DATA</b> The HHA must encode and be capable of transmitting OASIS data for each agency patient within 7 days of completing an OASIS data set.</p> <p>Based on Indiana State Department of Health (ISDH) document review, agency policy review, and interview, the agency failed to ensure OASIS data had been transmitted within 30 days of completion in 2 (patients # 7 and 11) of 94 transmissions reviewed creating the potential to affect all of the agency's Medicaid skilled patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. An ISDH document dated 1-17-13 evidenced the agency had completed a start of care assessment on 8-16-12 for patient number 7. The document evidenced the OASIS data had not been transmitted until 11-12-12.</li> <li>2. An ISDH document dated 1-17-13 evidenced the agency had completed a start of care comprehensive assessment on 7-31-12 for patient number 11. The document evidenced the OASIS data had not been transmitted until 9-11-12.</li> <li>3. During the entrance conference with the administrator, employee A, on 1-28-13 at 9:25 AM central time, the</li> </ol>	G0321	<p>1.) Clerical staff was inserviced on the regulation for transmission every 30 days.2.) Clerical staff will be auditing Haven program weekly to verify all completed oasis assessments are locked and ready for submission monthly.3.) Assistant Administrator will be responsible for verifying this is done.</p>	02/01/2013	

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	<p>administrator indicated she was unaware the data transmissions had been later than required.</p> <p>4. The agency's undated "OASIS Reporting Policy" states, "Transmittal of the OASIS data will done using an approved communication system by the clerical staff no less often than monthly."</p>				

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G0337	<p><b>484.55(c)</b> <b>DRUG REGIMEN REVIEW</b> The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy. Based on clinical record and agency policy review and interview, the agency failed to ensure comprehensive assessments included a review of all medications in 2 (#s 1 and 8) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number 1 included a recertification comprehensive assessment dated 11-26-12 that failed to evidence a medication review had been completed as required. The plan of care for the certification period 12-1-12 to 1-29-13 evidenced 20 different medications.</li> <li>2. Clinical record number 8 included a start of care comprehensive assessment dated 10-5-12 and a recertification comprehensive assessment dated 11-30-12 that identified the patient receives hemodialysis treatments 3 times per week at an inpatient dialysis center.</li> </ol>	G0337	<p>1.) All Skilled Nursing staff was inserviced on the requirement of medication review must be done with each comprehensive assessment.2.) to prevent reoccurrence of the deficiency the administrator will audit 10% of all clinical records quarterly for evidence that medication reviews are being completed with every comprehensive assessment</p>	02/01/2013			

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	<p>A. The assessments failed to evidence medications administered to the patient during the dialysis treatments had been included in the review of all medications the patient was known to be taking.</p> <p>B. The administrator, employee A, stated, on 1-30-13 at 10:20 AM, "I called the dialysis facility. The patient receives EPO 22 units 2 times per week, Venofer 50 milligrams 1 time per week, and Hecctorol 3.5 micrograms 3 times per week." The administrator indicated these medications had not been included in the review.</p> <p>3. The agency's undated "Patient Assessment Policy" states, "Drug regimen review will be done during completion of the comprehensive assessment so that any potential problems with the medications can be identified."</p>				

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N0000	<p>This was a State home health re-licensure survey.</p> <p>Facility #: 009488</p> <p>Survey Dates: 1-28-13, 1-29-13, and 1-30-13</p> <p>Medicaid Vendor #: 200198250</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>February 1, 2013</p>	N0000			

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N0460	<p>410 IAC 17-12-1(g) Home health agency administration/management Rule 12 Sec. 1(g) As follows, personnel records of the supervising nurse, appointed under subsection (d) of this rule, shall:</p> <p>(1) Be kept current. (2) Include a copy of the following: (A) Limited criminal history pursuant to IC 16-27-2. (B) Nursing license. (C) Annual performance evaluations. (D) Documentation of orientation to the job. Performance evaluations required by this subsection must be performed every nine (9) to fifteen (15) months of active employment.</p> <p>Based on personnel file review and interview, the agency failed to ensure the supervising nurse's personnel record included an annual performance evaluation in 1 (file A) of 1 supervising nurse file reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. Personnel file A evidenced documentation the individual was a registered nurse and was the agency's supervising nurse. The file failed to evidence any performance evaluations had been completed at any time.</p> <p>2. The administrator, also employee A, stated, on 1-30-13 at 1:45 PM central</p>	N0460	<p>1.) This deficiency will be corrected by the alternate administrator doing a performance evaluation on the administrator.2.) This deficiency will be preventd by doing performance evaluations on all staff at the annual inservice meeting.3.) The administrator will be responsible for ensuring this is done.</p>	02/01/2013			

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	time, "It's not there."			

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N0464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on</p>						

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	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file review and interview, the agency failed to ensure a two-step Mantoux tuberculosis (TB) test had been administered to an individual with no documented previous TB skin tests in 1 (file G) of 5 files of employees hired since the last survey in January 2010 creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Personnel file G evidenced the individual had been hired on 6-25-10 to provide home health aide services on behalf of the agency. The file evidenced an initial TB skin test had been administered on 6-9-10 and read on 6-11-10. The file failed to evidenced a second TB skin test had been administered within 1 to 3 weeks.</li> <li>2. The administrator, employee A, indicated, on 1-30-13 at 2:00 PM, the file</li> </ol>	N0464	<p>1.) The deficiency will be prevented in the future by administiring each new hire a 2 step TB test.2.) To prevent reoccurrence all personnel files will be audited quarterly and all new employee files will be audited before 30 days of employment are completed.3.) The administrator will be responsible for monitoring that all current , new and contractual employees personnel files will include a 2 step TB test.</p>	02/01/2013

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	did not evidence a second TB skin test had been administered to employee G at any time. The administrator indicated the employee had a TB skin test within the previous 12 months, but was unable to provide documentation of the previous skin test.			

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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, interview, and review of agency policy, the agency failed to ensure services had been provided in accordance with its own infection control policies and procedures in 5 (#s 1, 2, 3, 4, and 5) of 5 home visit observations completed creating the potential for the spread of disease causing organisms among staff and all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. The agency's undated "Principles of Standard Precautions and Body Substance Isolation: OSHA Bloodborne Pathogen Standards" policy states, "Use Standard Precautions when implementing all clinical procedures."</p> <p>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</p>	N0470	<p>1.) The deficiency will be corrected by inservices to be held over the next month beginning on 02/01/2013. All field staff employees will be inserviced on proper handwashing and bag technique. Inservice will be based on MMWR guideline for hand hygiene in health care setting &amp; CDC 2007 guideline for isolation precautions.2.) The deficiency will be prevented from reoccurring by initiating performance indicators and implementing infection control performance supervision checking for the following: A. Periodically monitoring and recording adherence to hand hygiene.B. Monitoring the volume of alcohol based hand rub being used.C. Assessing the adequacy of health care worker hand hygiene if outbreaks of infection occur.3.) The administrator will be responsible for monitoring all inservices and performance indicators.4.) The deficiency will be corrected in full by 03/01/2013</p>	03/01/2013			

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	<p>hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . .</p> <p>Perform hand hygiene: IV.A.3.a. Before having direct contact with patients.</p> <p>IV.A.3.b. After contact with blood, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.</p> <p>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).</p> <p>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>			

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	<p>2. A home visit was made to patient number 1 with employee F, a registered nurse (RN), on 1-28-13 at 11:25 AM central time. The RN washed her hands and donned clean gloves. The RN then touched a light switch on the wall, reached into her pocket, obtained a flashlight and examined the interior of the patient's mouth. The RN then placed the flashlight back into her pocket.</p> <p>A. The RN then proceeded to complete an assessment of the patient. The RN reached into her pocket on multiple occasions to obtain alcohol packets and equipment needed to complete the assessment. During the assessment, the RN retrieved gloves from her pocket and donned the clean gloves without cleansing her hands.</p> <p>B. The RN retrieved a stethoscope and used it throughout the assessment. After using the stethoscope to take the patient's blood pressure, the RN draped the stethoscope around her neck. The RN placed a blood pressure cuff around the patient's arm, removed the stethoscope from around her neck and obtained a blood pressure reading. The RN then replaced the stethoscope around her neck.</p> <p>C. The RN changed her gloves and cleansed her hands in preparation for</p>				

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	<p>completing care to the patient's gastrostomy tube (G tube) insertion site. The RN stated, "About 3 months ago, the patient had staph around the G tube." After donning clean gloves, the RN obtained linens from the closet, touched a light switch, picked up a dropped glove from the floor, and moistened the washcloths with warm water from a faucet in the kitchen. The RN then changed her gloves without cleansing her hands. The RN cleansed around the G tube insertion site and was observed to apply an antibiotic ointment to the insertion site using her gloved finger.</p> <p>D. After applying the medication with her gloved finger, the RN removed the glove from the hand she had used to apply the medication to the site and reached into her pocket. The RN then cleansed the one hand with cleanser, obtained a clean glove from her pocket, and donned it. The RN then replaced the medication in a bowl on the counter and placed the used linen in the laundry room.</p> <p>E. The RN prepared to administer medication both orally and through the G tube. The RN cleansed her hands and donned clean gloves. She obtained a measuring cup from the cabinet and filled it with water from the faucet in the kitchen. She retrieved a nasal spray from</p>				

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	<p>the supply and administered it. The RN then removed her gloves and threw them down on the floor, reached into her pocket and retrieved clean gloves, and donned them without cleansing her hands. The RN then placed a chewable medication in the patient's mouth. The RN removed her gloves, threw them down on the floor, reached into her pocket to obtain clean ones, and donned them without cleansing her hands.</p> <p>F. The RN then administered a medication via the G tube. After administering the medication and flushing the G tube with water, the RN removed her gloves and threw them on the floor on the pile of gloves accumulated throughout the medication administration procedure. The RN retrieved a paper towel from the kitchen and donned clean gloves without cleansing her hands. The RN then cleansed leakage from the medication administration from around the G tube site. The RN removed her gloves and picked up the pile of used gloves from the floor and disposed of them in the trash. The RN then washed her hands.</p> <p>3. A home visit was made to patient number 2 with employee G, a home health aide, on 1-29-13 at 10:20 AM central time. The aide was observed to assist the patient with a complete bath.</p>			

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	<p>The aide donned clean gloves without cleansing her hands and made the patient's bed. After preparing the linens for the bath, the aide removed her gloves and washed her hands. The aide then prepared the patient's clothing and placed them on the bed in the adjoining room. The aide placed a hanger in the closet and positioned a walker for use by the patient in the bathroom. The aide then donned clean gloves without cleansing her hands and assisted the patient with the bath.</p> <p>4. A home visit was made to patient number 3 with employee C, a physical therapy assistant (PTA), on 1-29-13 at 12:40 PM central time. The PTA was not observed to wash her hands prior to starting the physical therapy treatment on the patient.</p> <p>5. A home visit was made to patient number 4 with employee B, a RN, on 1-30-13 at 9:00 AM central time. The RN was observed to wash her hands then take a pulse oximetry reading and a blood pressure. The RN donned clean gloves without cleansing her hands and listened to the patient's heart rate. The RN removed her gloves and reached into her right pocket to obtain clean gloves. She cleansed her hands and donned the clean gloves retrieved from her pocket. The RN took the patient's blood pressure and</p>						

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	<p>examined an area on the patient's back. The RN changed her gloves without cleansing her hands and examined the patient's lower extremities.</p> <p>After completing the assessment, the RN filled the patient's medication planner. After this task was completed, the RN removed her gloves and retrieved her phone from her pocket and placed a call to the pharmacy to refill some of the patient's medications. The RN then washed her hands after completing the telephone call.</p> <p>6. A home visit was made to patient number 5 with employee D, a PTA, on 1-30-13 at 11:40 AM central time. The therapist was not observed to cleanse her hands prior to starting the treatment on the patient.</p> <p>7. The above-stated findings were discussed with the administrator, employee A, on 1-30-13 at 1:25 PM central time. The administrator indicated the observations were not in compliance with the agency's infection control policies and procedures. The administrator indicated further that multiple infection control inservices had been completed with the employees.</p>				

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N0472	<p>410 IAC 17-12-2(a) Q A and performance improvement Rule 12 Sec. 2(a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agency's performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures. Based administrative record review and interview, the agency failed to ensure its quality assurance performance improvement program included monitoring of infection control practices by the agency's staff in 1 (2012) of 1 year reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. The agency's quality assurance performance improvement documentation for 2012 failed to evidence the agency had monitored staff practices with regards to the observance of standard precautions while providing care in the home. The documentation failed to evidence the agency had collected and analyzed data and established and implemented plans to address any identified problems related to</p>	N0472	<p>1.) A formal infection control quality assessment and performance improvement program will be implemented beginning on 02/01/2013.2.) The deficiency will be prevented from reoccurring by initiating performance indicators and implementing infection control performance supervision checking for the following: A. Periodically monitoring and recording adherence to hand hygiene.B. Monitoring the volume of alcohol based hand rub being used.C. Assessing the adequacy of health care worker hand hygiene if outbreaks of infection occur.3.) The administrator will be responsible for monitoring all inservices and performance indicators.4.) The deficiency will be corrected in full by 03/01/2013</p>	03/01/2013	

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	<p>infection control practices.</p> <p>2. The administrator, employee A, stated, on 1-30-13 at 1:25 PM, "We do not have a formal program in place to monitor infection control practices"</p> <p>3. Five of 5 employees observed during home visits failed to follow standard precautions while providing care. (See N 470).</p>			

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N0488	<p>410 IAC 17-12-2(i) and (j) Q A and performance improvement Rule 12 Sec. 2(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least five (5) calendar days before the services are stopped.</p> <p>(j) The five (5) day period described in subsection (i) of this rule does not apply in the following circumstances: (1) The health, safety, and/or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient. (2) The patient refuses the home health agency's services. (3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge; or (4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.</p> <p>Based on agency policy review and interview, the agency failed to ensure a policy requiring a 5 day notice of discharge had been developed and implemented for 1 of 1 agency creating the potential to affect all of the agency's 53 current patients.</p>	N0488	<p>1.) This deficiency was corrected by changing our policy to read 5 days instead of 2 days.2.) This deficiency will be prevented from happening again by implementing and following the new discharge policy.3.) The administrator will be responsible for ensuring that the 5 day notice is given when applicable.</p>	02/01/2013	

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	<p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The agency's undated "Patient Discharge" policy failed to evidence a notice of discharge to the patient of at least five (5) calendar days. The policy also failed to evidence the circumstances under which the 5 day notice would not apply.</li> <li>2. The administrator, employee A, indicated, on 1-30-13 at 3:15 PM, the agency's discharge policy did not include the 5 day notice requirement along with the exceptions.</li> </ol>				

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N0522	<p>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 and agency policy review and interview, the agency failed to ensure services, medications, and treatments had been provided in accordance with the plan of care in 5 (#s 1, 2, 4, 5, and 6) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included skilled nurse (SN) visit notes, dated 1-8-13, 1-9-13, 1-10-13, 1-11-13, 1-14-13, 1-15-13, 1-16-13, 1-17-13, and 1-18-13, that evidenced 5 milliliters (ml) of penicillin had been administered to the patient. The plan of care failed to include an order for the penicillin.</p> <p>A. A SN visit note dated 1-18-13 evidenced the SN, employee F, had applied an antibiotic ointment to the patient's left great toe and 2nd right toe. The plan of care failed to evidence an order for the application of the antibiotic ointment.</p>	N0522	<p>1.) The deficiency will be corrected by inservicing all field staff on the importance of reading and adhering to the written plan of care and assignment sheets. Also on obtaining verbal/written orders in addition for any new medications or products found in the home.2.) To prevent reoccurrence of the deficiency the administrator will cross check all field notes against the written plan of care and assignment sheets to ensure compliance.3.) The administrator will be responsible for monitoring staff notes and plans of care to ensure compliance.</p>	02/01/2013			

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	<p>B. The administrator, employee A, indicated, on 1-28-13 at 1:20 PM central time, the nurse had not obtained an order to administer the penicillin.</p> <p>2. During a home visit to patient number 2, with employee G, a home health aide, observation noted kinesio tape on the patient's left upper arm. The home health aide stated, "I put the tape on the patient's arm yesterday." The plan of care failed to evidence an order for the kinesio tape.</p> <p>The administrator, employee A, stated, on 1-29-13 at 11:00 AM central time, "It [the tape] was probably initiated by physical therapy. I did not know about it."</p> <p>3. Clinical record number 4 included a plan of care, established by the physician for the certification period 1-7-13 to 3-7-13, that states, "Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities."</p> <p>A. SN visit notes, dated 1-7-13 and 1-9-13, failed to evidence the SN, employee B, had monitored the patient's lower extremities for the presence of skin lesions.</p> <p>B. The administrator, employee A, stated, on 1-29-13 at 12:00 PM central</p>				

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	<p>time, "I know the nurse checks the patient's feet and legs. She just hasn't documented it."</p> <p>4. Clinical record number 5 included a "Physical Therapy Eval [evaluation] and Plan of Care" dated 12-21-12 that evidenced physical therapy was to be provided 3 times per week for 6 weeks, then 2 times per week.</p> <p>A. The record evidenced no therapy visits had been provided the week of 12-25-12, only 2 visits had been provided the week of 1-6-13, and no visits had been provided the week of 1-13-13.</p> <p>B. The administrator, employee A, was unable to provide any additional documentation and/or information as to why the physical therapy visits had not been provided as ordered when asked on 1-29-13 at 2:40 PM central time.</p> <p>5. Clinical record number 6 included a "Telephone and/or Verbal Orders" signed and dated by employee F, a registered nurse, on 1-7-13. The order states, "Give 10 mg [milligrams] vit [vitamin] K tonight."</p> <p>A. The record failed to evidence the vitamin K had been administered.</p>			

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	<p>B. The administrator, employee A, indicated, on 1-29-13 at 3:20 PM, the record did not evidence the vitamin K had been administered.</p> <p>6. The agency's undated "Physician's Plan of Treatment/Change Orders" policy states, "A physician's plan of treatment is a written guide for the delivery of care prepared by the physician and incorporated as a part of the patient's permanent clinical record."</p>			

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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"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure plans of care included all medications in 1 (# 8) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record number 8 included a start of care comprehensive assessment dated 10-5-12 and a recertification</li> </ol>	N0524	<p>1.) An inservice on the medical Plan of Care was held with the Nursing staff. The inservice reviewed all aspects of the plan of care an th necessity to include all medications being receied by the client on the medicine sheet and/or the plan of care.2.) 10% of all clinical records will be reviewed quarterly for evidence that all medications received by client are on medicine sheet and/or plan of care.3.) The administrator will be responsible for monitoring that these</p>	02/01/2013			

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	<p>comprehensive assessment dated 11-30-12 that identifies the patient receives hemodialysis treatments 3 times per week at an inpatient dialysis center.</p> <p>A. The plan of care failed to include the medications administered to the patient during the dialysis treatment.</p> <p>B. The administrator, employee A, indicated, on 1-30-13 at 10:00 AM central time, the plan of care did not include the medications administered to the patient during the dialysis treatment.</p> <p>C. The administrator, employee A, stated, on 1-30-13 at 10:20 AM, "I called the dialysis facility. The patient receives EPO 22 units 2 times per week, Venofer 50 milligrams 1 time per week, and Hecorol 3.5 micrograms 3 times per week."</p> <p>2. The agency's undated "Physician's Plan of Treatment/Change Orders" states, "Agency personnel shall participate in the development of the plan, which shall include: . . . Medications."</p>		<p>corrections are continually being done.</p>		

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N0537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record and agency policy review and interview, the agency failed to ensure skilled nursing had been provided in accordance with the plan of care in 3 (#s 1, 4, and 6) of 10 records reviewed creating the potential to affect all of the agency's 53 current patients.</p> <p>The findings include:</p> <p>1. Clinical record number 1 included skilled nurse (SN) visit notes, dated 1-8-13, 1-9-13, 1-10-13, 1-11-13, 1-14-13, 1-15-13, 1-16-13, 1-17-13, and 1-18-13, that evidenced 5 milliliters (ml) of penicillin had been administered to the patient. The plan of care failed to include an order for the penicillin.</p> <p>A. A SN visit note dated 1-18-13 evidenced the SN, employee F, had applied an antibiotic ointment to the patient's left great toe and 2nd right toe. The plan of care failed to evidence an order for the application of the antibiotic ointment.</p> <p>B. The administrator, employee A,</p>	N0537	<p>1.) The deficiency will be corrected by inservicing all field staff on the importance of reading and adhering to the written plan of care and assignment sheets. Also on obtaining verbal/written orders in addition for any new medications or products found in the home.2.) To prevent reoccurrence of the deficiency the administrator will cross check all field notes against the written plan of care and assignment sheets to ensure compliance.3.) The administrator will be responsible for monitoring staff notes and plans of care to ensure compliance.</p>	02/01/2013
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157483		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/31/2013	
NAME OF PROVIDER OR SUPPLIER  FRIENDS HOME HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 110 N 15TH ST VINCENNES, IN 47591			
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	<p>indicated, on 1-28-13 at 1:20 PM central time, the nurse had not obtained an order to administer the penicillin.</p> <p>2. Clinical record number 4 included a plan of care, established by the physician for the certification period 1-7-13 to 3-7-13, that states, "Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities."</p> <p>A. SN visit notes, dated 1-7-13 and 1-9-13, failed to evidence the SN, employee B, had monitored the patient's lower extremities for the presence of skin lesions.</p> <p>B. The administrator, employee A, stated, on 1-29-13 at 12:00 PM central time, "I know the nurse checks the patient's feet and legs. She just hasn't documented it."</p> <p>4. Clinical record number 6 included a "Telephone and/or Verbal Orders" signed and dated by employee F, a registered nurse, on 1-7-13. The order states, "Give 10 mg [milligrams] vit [vitamin] K tonight."</p> <p>A. The record failed to evidence the vitamin K had been administered.</p> <p>B. The administrator, employee A,</p>						

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	<p>indicated, on 1-29-13 at 3:20 PM, the record did not evidence the vitamin K had been administered.</p> <p>5. The agency's undated "Physician's Plan of Treatment/Change Orders" policy states, "A physician's plan of treatment is a written guide for the delivery of care prepared by the physician and incorporated as a part of the patient's permanent clinical record."</p>				