

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157638		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  12/03/2012	
NAME OF PROVIDER OR SUPPLIER  FOSTER HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 445 GRADLE DRIVE CARMEL, IN 46032			
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N0000	<p>This was a home health agency State complaint investigation survey.</p> <p>Complaint #: IN00119680 - Substantiated: State deficiencies related to the allegation are cited. Unrelated deficiencies are also cited.</p> <p>Survey date: December 3, 2012.</p> <p>Facility #: 157683</p> <p>Medicaid vendor #: 201050820</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 10, 2012</p>	N0000					

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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N0458	<p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> <li>(1) Receipt of job description.</li> <li>(2) Qualifications.</li> <li>(3) A copy of limited criminal history pursuant to IC 16-27-2.</li> <li>(4) A copy of current license, certification, or registration.</li> <li>(5) Annual performance evaluations.</li> </ol> <p>Based on employee file review, clinical record review, policy review, and interview, the agency failed to ensure criminal background checks were performed within 3 days of first patient contact and files contained an orientation to the job for 5 of 5 files reviewed, and failed to ensure 2 of 3 Home Health Aides (HHA) files reviewed had current registration on the state aide registry with the potential to affect all the agency's patients. (B, C, D, E and F)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee file B, home health aide (HHA), date of hire (DOH) 6/20/12, failed to evidence a date of first patient</li> </ol>	N0458	<p>Personnel orientation check list updated to include time frames for physical examination and TB testing. Also added to the check list was verification of current and active licensure/certifications. Personnel files will be audited to ensure these requirements are met. Human resources will ensure these are met before first patient contact. Will begin with new hires immediately. Personnel file review will be completed by January 31, 2013. The Executive Director will be responsible for ensuring that our personnel are compliant prior to seeing patients. A quarterly review of personnel files will be done by the Executive Director or designee to monitor compliance.</p>	01/31/2013	

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	<p>contact. Clinical record #2 evidenced the aide first provided care to the patient 7/4/12. The file failed to evidence the Aide was on and in good standing on the State Aide Registry. The file also failed to evidence the agency performed a criminal history check through the Indiana State Police Repository until 8/21/12 and an orientation to the job.</p> <p>2. Employee file C, HHA, DOH 10/9/12 and first patient contact date 10/10/12, evidenced the aide's registration on the State Aide Registry expired 5/24/10. The file failed to evidence the agency performed a criminal history check through the Indiana State Police Repository and an orientation to the job.</p> <p>At 2:10 PM on 12/3/12, employee A indicated the registration was expired. By 3:00 PM, the agency was unable to provide a current registration.</p> <p>3. Employee file D, physical therapist, DOH 7/9/12 first patient contact date 7/16/12, evidenced a criminal history check through the Indiana State Police Repository dated 8/21/12. The file failed to evidence an orientation to the job.</p> <p>At 1:50 PM on 12/3/12, employee A indicated that possibly the original criminal history check was misplaced and</p>			

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	<p>a second was obtained on 8/21.</p> <p>4. Employee file E, HHA, DOH 8/7/12 and first patient contact date 8/9/12, evidenced a criminal history check through the Indiana State Police Repository dated 8/21/12. The file failed to evidence an orientation to the job.</p> <p>5. Employee file F, registered nurse, DOH 8/6/12 and first patient contact date 8/6/12. evidenced a criminal history check through the Indiana State Police Repository dated 8/21/12. The file failed to evidence an orientation to the job.</p> <p>6. As of 3:00 PM, no additional documentation that identified criminal history checks had been completed within three days of first patient contact dates were provided for employees B, D, E, and F.</p> <p>7. The agency's policy titled "Selection/Hiring of Personnel," #C:3-004.1, revised October 2009, states "Hiring 1. ... A criminal background check will be obtained for positions as required by law and regulations."</p> <p>8. The agency's policy titled "Licensure/Registration," #C:3-005.1, revised October 2009, states " 2. Personnel must comply with requirements</p>				

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	<p>to maintain such licensure, certification, and/or registration in accordance with applicable state law and regulation. 3. A current copy or other proof of licensure, certification, and/or registration will be kept in the personnel file."</p> <p>9. The agency's policy titled "Orientation," #C:3-020.1, revised October 2009, states "1. The orientation content for all personnel will include the following as applicable and appropriate to the care and service provided: ... 8. a Personnel Orientation Checklist (see "Personnel Orientation Checklist" Addendum C:3-020.A) will be completed for all new personnel. New personnel will sign and date when their orientation has been completed. 9. The supervisor will sign and date the checklist when new personnel have completed al the required activities."</p>				

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N0462	<p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on employee file review, clinical record review, interview, and policy review, the agency failed to ensure employee physicals were completed within 180 days prior to patient contact for 3 of 5 employee files reviewed with the potential to affect all the agency's patients. (B, C, and D)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Employee file B, date of hire (DOH) 6/20/12, failed to evidence a first patient contact date. Clinical record #2 evidenced the patient care for patient #2 on 7/4/12. The file failed to evidence a physical within 180 days of patient contact. A letter dated 6/20/12 from the employee's physician stated, "A full physical was done in November." This is over 180 days prior to DOH.</li> <li>Employee file C, home health aide,</li> </ol>	N0462	<p>Personnel orientation check list updated to include time frames for physical examination and TB testing. Also added to the check list was verification of current and active licensure/certifications. Personnel files will be audited to ensure these requirements are met. Human resources will ensure these are met before first patient contact. Will begin with new hires immediately. Personnel file review will be completed by January 31, 2013. The Executive Director will be responsible for ensuring that our personnel are compliant prior to seeing patients. A quarterly review of personnel files will be done by the Executive Director or designee to monitor compliance.</p>	01/31/2013			

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	<p>DOH 10/9/12 and first patient contact 10/10/12, evidenced a physical dated 1/31/12, over 180 days before first patient contact.</p> <p>3. Employee file D, physical therapist, DOH 7/9/12 and first patient contact 7/16/12, failed to evidence a physical had been completed.</p> <p>4. At 2:10 PM, on 12/3/12, employee A indicated they were not aware the physical for employee C was over 180 days old.</p> <p>5. The agency's policy titled "Categories/Qualifications of Personnel," # C:3-003.1, revised October 2009, states "Health Requirements 1. Personnel with Patient Contact: All new personnel who will be in contact with patients ... must undergo a physical screening before they are employed or re-employed."</p> <p>6. The agency's policy titled "Personnel Record Contents," #C:3-018.1, revised October 2009, states "The content of the personnel files ... D. Physician's statement of health."</p>				

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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 employee file review, interview, and policy review, the agency failed to ensure Mantoux testing was completed for 1 of 5 employee files reviewed with the potential to affect all the agency's patients. (E)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee file E, home health aide, date of hire 8/7/12 and first patient contact 8/9/12, failed to evidence a Mantoux had been completed or that the employee had a negative Mantoux within the last 12 months.</li> <li>2. On 12/3/12 by 3:00 PM, employee A indicated a Mantoux had not been completed for employee E.</li> <li>3. The agency's policy titled "Categories/Qualifications of Personnel," # C:3-003.1, revised October 2009, states "Health Requirements 1. Personnel with</li> </ol>	N0464	.Personnel orientation check list updated to include time frames for physical examination and TB testing. Also added to the check list was verification of current and active licensure/certifications. Personnel files will be audited to ensure these requirements are met. Human resources will ensure these are met before first patient contact. Will begin with new hires immediately. Personnel file review will be completed by January 31, 2013. The Executive Director will be responsible for ensuring that our personnel are compliant prior to seeing patients.A quarterly review of personnel files will be done by the Executive Director or designee to monitor compliance	01/31/2013

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	<p>Patient Contact: All new personnel who will be in contact with patients ... must have Mantoux test or show evidence that there is no active Tuberculosis in the past 12 months (by providing a copy of a negative Mantoux/TB test taken within the past 12 months) prior to providing care."</p> <p>4. The agency's policy titled "Selection/Hiring of Personnel," #C:3-004.1, revised October 2009, states "Hiring ... 9. A current physical and TB test/chest X-Ray must be received prior to the first day of employment."</p> <p>5. The agency's policy titled "Personnel Record Contents," #C:3-018.1, revised October 2009, states "The content of the personnel files for regular full or part-time personnel may include: ... C. TB Mantoux test documentation."</p>				

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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 employee file review, interview, observation, and policy review, the agency failed to ensure confidential and medical information were kept separate for 2 of 5 employee files reviewed with the potential to affect all the agency's employees. (B, and D)</p> <p>Findings include:</p> <p>1. Employee file B, date of hire (DOH) 6/20/12, failed to evidence the medical information was kept separate from personnel information. Medical information was observed with other personnel information in the same file.</p> <p>2. Employee file D, physical therapist, DOH 7/9/12, failed to evidence the medical information was kept separate from personnel information. Medical information was observed with other personnel information in the same file.</p>	N0466	A separate checklist for auditing the closed personnel file has been created which includes the TB testing and physical examination. Protected information will be kept in a separate closed file. All personnel files will be audited to ensure that confidential information is in a separate file. The Executive Director will be responsible for ensuring that the closed file is kept separate initially and will conducting quarterly audits of the personnel files to ensure the same.	01/31/2013			

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	<p>3. At 2:10 PM on 12/3/12, employee A indicated they know the medical information needs to be separate from other information.</p> <p>4. The agency's policy titled "Personnel Record Contents," #C:3-018.1, revised October 2009, states "The content of the personnel files for regular full or part-time personnel may include: General Documents, (policy C:3-018.2) ... 2. The content of a separate file, which includes health information will contain: ... C. TB Mantoux test documentation, D. Physician's statement of health."</p>			

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N0498	<p>410 IAC 17-12-3(b)(2)(A) Patient Rights Rule 12 (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows: (2) The patient has the right to the following: (A) Have his or her property treated with respect. Based on clinical record review, employee file review, and interview, the agency failed to ensure the Home Health Aide (HHA) respected the patient's property for 1 of 2 clinical records reviewed receiving HHA services with the potential to affect all the agency's patients receiving HHA services. (#2)</p> <p>Findings include:</p> <p>1. Clinical record #2, start of care 6/6/12, was reviewed for the certification period 6/6-8/4/12. The plan of care contained orders for skilled nurse one time a week for nine weeks and HHA one time a week for one week then 3 times a week for 8 weeks. HHA to assist with Activities of Daily Living (ADLs) / personal care (bathing, grooming, dressing, oral care, skin care, peri-care, mobility), assistance with light housekeeping, laundry, meal preparation, promote and maintain home safety, fall precautions, aspiration precautions, and universal precautions. The record evidenced employee B cared for the patient.</p>	N0498	A patient has a right to have his or her property treated with respect. All complaints will be handled by the Clinical Director. The Clinical Director will investigate the complaint and will do everything possible to correct the problem to the patient's satisfaction. Complaints with the resolution will be kept on a complaint log. An inservice will be held with our aides to review patient rights including the right to have their property treated with respect. Respect for patient rights will be required of all of our employees. The Clinical Director will be responsible for ensuring that our employees respect our patients property. This will be included as a routine question by our casemanagers and customer satisfaction surveys. Nurses meeting was scheduled for Thursday, December 20, 2012 to review the same. The patient cited did not voice a complaint about employee B or their amazon account. The only mention of this came from the employee to the supervisor in a communication note. All actions regarding the use the patients	12/23/2012			

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	<p>2. Employee B's personnel file (date of hire 6/20/12) evidenced an Employee Disciplinary Notice dated 10/25/12 indicating a Final Warning and Probation indicating employee B "did borrow the use of the patient's Amazon account."</p> <p>3. At 2:15 PM on 12/3/12, employee A indicated employee B is no longer employed by the agency.</p>		amazon account were performed at the client's discretion.				

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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:</p> <p>Based on clinical record review and interview, the agency failed to ensure aide services were provided as ordered for 1 of 2 records reviewed with the potential to affect all patients receiving aide services.</p> <p>Findings include:</p> <p>1. Clinical record #2, SOC date 6/6/12, included a plan of care for the certification period 6/6-8/4/12 with orders for skilled nurse (SN) one time a week for 9 weeks and HHA one time a week for 1 week then 3 times a week for 8 weeks. The HHA was to assist with Activities of Daily Living (ADLs) / personal care including bathing, grooming, dressing, oral care, skin care, peri-care, and mobility; assistance with light housekeeping; laundry; meal preparation; promote and maintain home safety; fall precautions; aspiration precautions; and universal precautions. Aide Weekly Visit Records evidenced the HHA did not start services until 6/20/12. SN notes evidenced a HHA supervisory visit was done 6/13/12.</p>	N0522	The Clinical Director will audit the charts to ensure that the aide care is being rendered according to the medical plan of care. This audit will be completed by 01/31/2013 and will be done quarterly as a part of our clinical record review process.	01/31/2013			

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	2. During interview on 12/3/12 at 1:00 PM, employee A indicated the HHA probably did not start services until 6/20 due to waiting for pre-authorization from Medicaid. (Note: The SN had provided a supervisory visit as the aide was to have been providing services.)			

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N0550	<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 and policy review, the agency failed to ensure the Registered Nurse (RN) delegated assigned tasks as ordered to the Home Health Aides (HHA) according to physician orders and updated the Aide Care Plans to include all tasks ordered for 1 of 2 clinical records reviewed with the potential to affect all the agency's patients that receive aide services. (#2)</p> <p>Findings include:</p> <p>1. Clinical record #2, SOC date 6/6/12, included a plan of care for the certification period 6/6-8/4/12 with orders for skilled nurse (SN) one time a week for 9 weeks and HHA one time a week for 1 week then 3 times a week for 8 weeks. The HHA was to assist with Activities of Daily Living (ADLs) / personal care including bathing, grooming, dressing, oral care, skin care, peri-care, and mobility; assistance with light housekeeping; laundry; meal preparation; promote and maintain home safety; fall</p>	N0550	The Clinical Director reviewed with the nurses during the inservice on 12/20/2012 that the HHA Assignment sheet must reflect the medical orders and should be updated every time there is a change and at least every 60 days. The HHA assignment sheets will be reviewed during our review of all the charts and quarterly during our clinical record review.	12/23/2012	

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	<p>precautions; aspiration precautions; and universal precautions. The record evidenced an Aide / Homemaker Care Plan at SOC and two additional Aide/Homemaker Care Plans dated 7/2/12 with hours divided up between Afternoon for 2 hours, Evening for 1 hour and visits changed to 7 days/week. Aide Weekly Visit Records evidence the HHA did not start services until 6/20/12.</p> <p>The Home Health Certification and Plan of Care for the certification periods 8/5-10/3/12 and 10/4-12/2/12 were reviewed for HHA duties ordered. HHA duties ordered include "3 more hours per day visits 7 days a week to be divided into two visits in the mid afternoon to assist with medication (handing medications to patient and assisting with liquids), assist with personal hygiene, peri care, positioning, assisting with ambulation to bathroom, supplements to patient and nutritional support. Evening HHA will provide one hour of care to assist with changing clothes, sponge bath as need, stand by and assist with ambulation to bathroom and to bed, assist patient in obtaining an evening blood sugar [BS] as patient is diabetic and requires an hour of sleep [HS] snack, aide to hand glucometer and other blood sugar measurement devices to patient." The Aide/Homemaker Care Plan for</p>			

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	<p>Afternoon care dated 7/2/12 failed to evidence the aide was assigned to provide a supplement and assist with medications. The evening Aide/Homemaker Care Plan dated 7/2/12 failed to evidence a sponge bath as needed, supplement, HS snack, and assist with glucometer. Updated Client Summary report was documented by RN on 7/3/12 for change in visit hours with the split times and duties. The record failed to evidence updates by the Registered Nurse (RN) to the Aide/Homemaker Care Plans for the certification periods 8/5-10/3/12 and 10/4-12/2/12.</p> <p>2. The agency's Certified Home Health Aide Job Description, revised October 2009, states "Position Qualifications 1. Meets the training requirements in accordance with state and federal laws. ... Job Limitations The home health aide will not function in any manner viewed as the practice of nursing according to the state's Nurse Practice Act. Specifically, the home health aide will not administer medications, take physician's orders or perform procedure requiring the training, knowledge and skill of a nurse, such as sterile techniques."</p>				

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N0597	<p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry. Based on employee file and policy review, the agency failed to ensure the Home Health Aides (HHA) were on and in good standing on the State Aide Registry with current registration for 2 of 3 HHA employee files reviewed with the potential to affect all the agency's patients. (B, C)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Employee file B, date of hire (DOH) 6/20/12, failed to evidence agency had checked to see if the aide was and in good standing on the Stated Aide Registry.</li> <li>2. Employee file C, DOH 10/9/12, evidenced the aide's registration expired 5/24/10.</li> <li>3. The agency's policy titled "Selection/Hiring of Personnel," #C:3-004.1, revised October 2009, states "Hiring ... 6. Professional licensure/certification will be confirmed through viewing or copying the actual license and/or certificate. In addition, current licensure will be verified through the Internet sties of official licensing</li> </ol>	N0597	<p>Personnel orientation check list updated to include time frames for physical examination and TB testing. Also added to the check list was verification of current and active licensure/certifications which includes the HHA Registry. Personnel files will be audited to ensure HHA's are on the registry in good standing. Human resources will ensure these are met before first patient contact and will begin with new hires immediately. Personnel file review will be completed by January 31, 2013. The Executive Director will be responsible for ensuring that our personnel are on the HHA registry prior to seeing patients. A quarterly review of personnel files will be done by the Executive Director or designee to monitor compliance.</p>	01/31/2013			

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	bodies when they are available."  4. The agency's policy titled "Licensure/Registration," #C:3-005.1, revised October 2009, states " 2. Personnel must comply with requirements to maintain such licensure, certification, and/or registration in accordance with applicable state law and regulation. 3. A current copy or other proof of licensure, certification, and/or registration will be kept in the personnel file."				