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| 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 05/24/2012 | |
| NAME OF PROVIDER OR SUPPLIER 1ST CARE HOME HEALTH SERVICES | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 5555 N TACOMA AVENUE, SUITE 109 INDIANAPOLIS, IN 46220 | | | |
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| N0000 | <p>This was an initial home health licensure survey.</p> <p>Survey dates: May 22, 23, and 24, 2012</p> <p>Facility# 012788</p> <p>Surveyor: Dawn Snider, RN</p> <p>Unduplicated admissions= 3</p> <p>Sample RRw/HV 0 RRw/o HV 3 Total 3</p> <p>Prior to survey entrance the agency's three patients had received their home visits for the week. Two of the three patients were interviewed by phone.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 30, 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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| 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 a tuberculosis evaluation may not:</p> | | | | | | |

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| | <p>(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 and policy review and interview, the agency failed to ensure all employees had the second step of the PPD within 1 to 3 weeks after the first TB skin test was administered for 1 of 4 files reviewed (C) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Personnel file C, date of hire 1/5/12, evidenced a PPD two step process. The first PPD was given on 1/12/12 and the second PPD was given on 2/24/12.</p> <p>2. The undated policy titled "4.9 SCREENING AND HIRING" states, "b. 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</p> | N0464 | N464 The Administrator must ensure that all employees having direct patient contact have had a 2 step PPD process. The second step of this PPD testing process must be completed one to three weeks after the first step. Personnel file C had had her second step completed past 4 weeks. This deficiency will be corrected June 20. Personnel C has scheduled PPD testing on June 4, 2012 and the second step is scheduled for June 18, 2012. A face sheet had been implemented by the Administrator for each personnel file, which tracks all necessary information including PPD testing. The Administrator will audit all personnel files on a monthly basis for 6 months and then every 2 months for 6 months. Results on these audits will go to the Quality Assurance Performance Improvement committee to follow to ensure on going compliance. | 06/20/2012 | | | |

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| | <p>tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. c. The second step of 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. On 5/24/12 at 12:30 PM, the administrator, employee C, indicated there was no further documentation available for tuberculin skin testing.</p> | | | |

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| N0608 | <p>410 IAC 17-15-1(a)(1-6) Clinical Records Rule 15 Sec. 1(a) Clinical records containing pertinent past and current findings in accordance with accepted professional standards shall be maintained for every patient as follows:</p> <p>(1) The medical plan of care and appropriate identifying information. (2) Name of the physician, dentist, chiropractor, podiatrist, or optometrist. (3) Drug, dietary, treatment, and activity orders. (4) Signed and dated clinical notes contributed to by all assigned personnel. Clinical notes shall be written the day service is rendered and incorporated within fourteen (14) days. (5) Copies of summary reports sent to the person responsible for the medical component of the patient's care. (6) A discharge summary.</p> <p>Based on clinical record and policy review and interview, the agency failed to ensure the clinical record was current and documents were filed timely in 1 of 3 records reviewed of active patients (#1) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 4/3/12, included a plan of care dated 4/3/12 through 6/1/12 that evidenced the patient was receiving home health aide services one time week for eight weeks effective 4/9/12. The clinical record failed to</p> | N0608 | N608 The Administrator must ensure the clinical records are maintained with clinical notes filed timely into the charts within 14 days of service given. This deficiency has been met. The staff has been educated on turning notes into the office timely so they can be filed timely and verbalized understanding of the process. The Administrator has implemented a process using the schedule as a tracking tool. She will cross off the visit on the schedule when the note arrives in the office thus having a visual of missing notes to ensure timely filing. The task of filing will be done at least twice a week to ensure keeping up with timely | 06/01/2012 | | | |

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| | <p>evidence aide visit note dated for the week of 4/28/12.</p> <p>2. The agency's undated policy titled "2.57 CLINICAL RECORD CONTENTS" states, "12. Required Documentation a. All required documentation must be completed and in the patient / client record within fourteen(14) days of service delivery."</p> <p>3. On 5/23/12 at 1:45 PM, the administrator, employee C, indicated the visit note from 4/28/12 had to be faxed to the agency by the home health aide, and this should have been in the file within fourteen days. On 5/24/12 at 10:40 AM, the administrator provided the faxed copy of the aide visit note for 4/30/12.</p> | | <p>filing. The Administrator implemented this process June 1, 2012 and will audit this tracking process weekly and take trends to Quality Assurance Performance Improvement committee to follow for ongoing compliance.</p> | | | | |