

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157054		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/26/2012	
NAME OF PROVIDER OR SUPPLIER B & B INTERIM HEALTHCARE SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1575 E 85TH AVE MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0000	<p>This was a federal home health recertification survey. This was a partial extended survey.</p> <p>Survey Dates: 10/23/12 - 10/26/12</p> <p>Facility #: 5271</p> <p>Medicaid #: 100272880A</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census: 71 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>October 31, 2012</p>	G0000					

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

TITLE

(X6) DATE

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

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G0120	<p>484.12(b) DISCLOSURE OF OWNERSHIP & MANAGEMENT</p> <p>The HHA also must disclose the following information to the State survey agency at the time of the HHA's initial request for certification, for each survey, and at the time of any change in ownership or management:</p> <p>(1) The name and address of all persons with an ownership or control interest in the HHA as defined in §§420.201,420.202, and 420.206 of this chapter.</p> <p>(2) The name and address of each person who is an officer, a director, an agent or a managing employee of the HHA as defined in §§420.201, 420.202, and 420.206 of this chapter.</p> <p>(3) The name and address of the corporation, association, or other company that is responsible for the management of the HHA, and the name and address of the chief executive officer and the chairman of the board of directors of that corporation, association, or other company responsible for the management of the HHA.</p> <p>Based on interview and review of documents, the agency failed to ensure the Indiana State Department of Health was notified of a change in management for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. On 10/24/12 at 2 PM, the alternate administrator indicated Employee R, the</p>	G0120	G120 To improve performance and bring agency into compliance to the Standard, the following will take place:In-Service with Administration, Alternate Administrator, Director of Nursing and Alternate Director of Nursing.Policy review on disclosure of ownership and management.Home Health Agency will disclose the following information to the State survey agency at the time of initial request, initial survey, each	11/30/2012	

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	<p>previous alternate supervisory nurse, had resigned in June 2012 and been replaced by Employee D, date of hire 4/9/12. No letter had been sent to the state with this change.</p> <p>2. On 10/24/12 at 2:30 PM, the program coordinator from the Indiana Department of Health Acute Care division indicated the home health agency had not notified the department of this change in administration.</p> <p>3. An agency document with a title of "Interim Health Care" with an effective date of 10/24/12 and signed by the alternate administrator stated, "Employee D is the assistant director of nursing. Employee C is the director of nursing effective 6/4/12."</p> <p>4. An agency document with a title of "Interim Healthcare" and signed by Employee A, administrator, Employee B, alternate administrator, Employee C, director of nursing, and Employee D, alternate director of nursing on 6/4/12 stated, "Employee A, administrator designates Employee C, RN as director of healthcare services. Employee C, director of nursing, designates Employee D, assistant DON [director of nursing] to act in her behalf. Employee A designates Employee B, alternate administrator to act</p>		<p>survey, and at the time of any changes in ownership or management.1. Name and address of all persons with ownership or control interest.2. The name and address of each person who is an officer, director, agent or managing employee of Home Health Agency.3. The name and address of the corporation, association, or other company that is responsible for the management of the Home Health Agency and name of Chief executive.Admininstrator will monitor for compliance.</p>		

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	in his behalf."			

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G0121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on policy and document review, observation, interview, and personnel file review, the agency failed to ensure the aide followed the agency's infection control policy in 1 of 3 home visits with an aide (#10) and patients were entered on the infection control log when they acquired an infection as required by agency policy in 2 of 10 records reviewed (# 4 and 7) with the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>Regarding handwashing</p> <p>1. The agency policy titled "Exposure Control Plan" with an effective date of 6/24/11 stated, "Handwashing ... Employees wash their hands before using gloves and immediately after removal of gloves and other personal protective equipment."</p> <p>2. The agency policy titled "Universal Precautions and Hazardous Waste Policy" with an effective date of 12/1/90 stated,</p>	G0121	<p>Compliance with Professional Standards and PrincipleTo improve performance and bring the agency into compliance to the Standard, the following wll take place:1. The DHCS will conduct a mandatory educational program for the professional staff on the following:a. Responsibilities and performance standards as defined in Interim Healthcare Services job description for each disipline.2. Mandatory In-Service for HHA and Nursing to provide education for compliance on policies as follows:a. Implementation of Infection Control Log/Infection control.b. Handwashing, universal precautions and personal protective equipment.c. Handwashing compency will be done on every employee providing direct care to patients.</p>	11/30/2012			

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	<p>"Do wash your hands with soap, running water, and friction prior to patient contact, immediately following patient contact, between patients, and after removing gloves."</p> <p>3. During a home visit on 10/24/12 at 8:30 AM, Employee E, home health aide, was observed to give a bed bath to patient #10. Employee E washed hands and donned gloves prior to filling the two basins of water. She then washed the patient's face and neck and arms. She applied deodorant under the patient's arms and then took off her gloves. She did not wash hands before donning a new pair of gloves. She then proceeded to wash the patient's chest area and took gloves off. She did not wash hands before donning a new pair of gloves and then changed the water in the buckets. She then washed the genital area and changed gloves without washing hands before completing the rest of the bed bath.</p> <p>4. The personnel file of Employee E, date of hire 4/10/10 and first patient contact 5/2/10, evidenced a document titled "Home health aide Home care job description" and signed by this employee on 4/28/10 which stated, "Utilize infection control measures such as universal precautions, handwashing and personal protective equipment."</p>				

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	<p>5. On 10/26/12 at 12:20 PM, the director of nursing indicated Employee E did not follow the infection control policy of the agency while giving patient #10 a bed bath.</p> <p>Regarding infection control log</p> <p>6. The agency policy titled "Recognizing and reporting home acquired infectious conditions in patients / clients" with an effective date of 6/24/11 stated, "Patient's / clients that develop infection 72 hours or more after admission to home care are recorded and trended ... The employee reports patient's / client's signs and symptoms of infections occurring 72 hours or more after home care admission to the DHCS [director of home care services] or designee ... At a minimum the following patient / client infections developed 72 hours after admission to home care are recorded on the Home Acquired Infection Control Log for patients / clients ... a) wound b) IV [intravenous] c) Urinary Tract infection d) pneumonia e) septicemia f) reportable communicable infections."</p> <p>7. Clinical record #4, start of care (SOC) 8/27/12 with a certification period of 8/27/12 - 10/25/12, evidenced the patient had an order for Bactrim pediatric</p>			

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	<p>suspension 10 ccs (cubic centimeters) by mouth 2 times daily for 5 days on 9/26/12 and Zithromax 200 mg (milligram) /5 ml (milliliter) susp two teaspoons by mouth for 1 day and then Zithromax 200 mg / 5 ml suspension 1 teaspoon by mouth daily for 4 days on 10/15/12 - 10/19/12 recorded on the medication log. This medication was not logged in the infection control log.</p> <p>On 10/25/12 at 3:10 PM, Employee E indicated no infection log was used for any patient acquired infections after a patient was admitted to home care and patient #4 had Bactrim ordered for a urinary tract infection.</p> <p>8. Clinical record #7, start of care 8/6/12 with a certification period of 8/6/12 - 10/4/12, evidenced a medication profile updated on 9/28/12 with orders for Keflex 500 mg one tablet by mouth four times a day for 7 days with a start date of 9/28/12 and stop date of 7 days. This medication was not logged in the infection control log.</p> <p>On 10/25/12 at 4:10 PM, Employee D, Registered Nurse, indicated this medication had been ordered for patient #7's urinary tract infection.</p>						

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G0143	<p>484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.</p> <p>Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure coordination of care occurred with other entities providing services for 1 of 1 observations of (patient #10) patients receiving dialysis services from other entities with the potential to affect all patients receiving services from other entities.</p> <p>Findings</p> <p>1. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area.</p> <p>2. Clinical record #10, start of care 8/9/12 with a certification period of 10/8/12 - 12/6/12, indicated the patient had a chronic kidney disease diagnosis and HHA services ordered two times a day 5 hours a day 5 days a week for 2 months. However, the plan of care, clinical notes, and aide care plan failed to evidence the patient had a hemodialysis permacath. There was no documentation</p>	G0143	<p>Coordination of patients services To improve performance and bring agency into compliance to the Standard, the following will take place: 1. The DHCS will participate in all activities related to professional services and patient care delivery, to ensure that personal efforts are coordinated effectively and support the objectives in the plan of care. Participation includes: a. Obtaining completed information at time of referral. b. Ensuring the care provided follows the plan of care and home health aide plan of care. c. Care coordination with each discipline assigned to provide services. 2. The DHCS will provide education to staff in the following: a. Ensuring the care provided follows the plan of care. b. Care coordination with each discipline assigned to provide care. c. In-Service staff on policy "Coordination of Care Service" 8/25/2006, to ensure care coordination with other entities that provide care to the patient to achieve mutual goals. 3. The DHCS will audit a random sample of clinical records until compliance is achieved and sustained for 30 days, the periodically thereafter.</p>	11/30/2012			

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	<p>in the clinical record that the skilled nurse communicated with the dialysis facility providing services about the permacath in the patient's upper right chest area or the patient's care.</p> <p>3. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week and no coordination of care documentation was found in the clinical record between the agency and the dialysis clinic.</p> <p>4. The agency policy titled "Coordination of Care / Services" with an effective date of 8/25/06 stated, "Policy: Interim Healthcare maintains regular communication with the patient / client and with others providing patient / client care / services. Actions and goals of Interim Health Care Services are complementary and reflect cooperative care planning ... established guides for communication and liaison among multidisciplinary care / service providers that ensure continuity, consistency, efficiency, and appropriateness of care / service delivery, and supports objectives of the plan of care / service plan ... established processes to document coordination of care / services in the patient / clinical record."</p>			

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G0144	<p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure coordination of care occurred with other entities providing services for 1 of 1 observations of (patient #10) patients receiving dialysis services from other entities with the potential to affect all patients receiving services from other entities.</p> <p>Findings</p> <p>1. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area.</p> <p>2. Clinical record #10, start of care 8/9/12 with a certification period of 10/8/12 - 12/6/12, indicated the patient had a chronic kidney disease diagnosis and HHA services ordered two times a day 5 hours a day 5 days a week for 2 months. However, the plan of care, clinical notes, and aide care plan failed to evidence the patient had a hemodialysis permacath. There was no documentation</p>	G0144	<p>G144 Coordination of Patient Services To improve performance and bring agency into compliance to this Standard, the following will take place: 1. The DHCS will ensure that the clinical records establish that effective interchange, reporting and coordination of patient care occurs through the following actions: a. Education of all staff to policies and procedures. b. Requiring the documentation of all contacts related to the patient. c. Conducting regular conferences related to patient services. 2. The DHCS will assign a primary nurse to each case, the primary nurse will implement the plan of care, including communication with physician and or other disciplines. 3. In-Service on Policy "Coordination of Care Services" 8/25/06, provided to educate staff to ensure care coordination with other entities that provide care to the patient to achieve mutual goals. All service providers will ensure continuity, consistency, efficiency, and appropriateness of care. 4. The DHCS will audit a random sample of clinical records until compliance is achieved and sustained for 30 days, then periodically thereafter.</p>	11/30/2012
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	<p>in the clinical record that the skilled nurse communicated with the dialysis facility providing services about the permacath in the patient's upper right chest area or the patient's care.</p> <p>3. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week and no coordination of care documentation was found in the clinical record between the agency and the dialysis clinic.</p> <p>4. The agency policy titled "Coordination of Care / Services" with an effective date of 8/25/06 stated, "Policy: Interim Healthcare maintains regular communication with the patient / client and with others providing patient / client care / services. Actions and goals of Interim Health Care Services are complementary and reflect cooperative care planning ... established guides for communication and liaison among multidisciplinary care / service providers that ensure continuity, consistency, efficiency, and appropriateness of care / service delivery, and supports objectives of the plan of care / service plan ... established processes to document coordination of care / services in the patient / clinical record."</p>			

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G0159	<p>484.18(a) PLAN OF CARE 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 policy review, observation, and interview, the agency failed to ensure the plan of care was signed by the physician and included all the patient's equipment and services in 4 of 10 clinical records (Clinical record #1, #4, #6, and #10) reviewed creating the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #1, start of care (SOC) 9/5/12, included a plan of care for the certification period of 9/5/12 - 11/3/12 that failed to evidence a physician's signature.</p> <p>On 10/25/12 at 2:30 PM, the director of nursing and Employee D, Registered Nurse indicated the physician signature was missing from the plan of care.</p>	G0159	G0159 Plan of CareTo improve performance and bring the agency into compliance to this Standard, the following will take place:1. The DHCS will conduct a mandatory educational program to professional personnel that will include:a. Care coordination with the physician at the start of care to establish the plan of care, and ongoing changes in the patients condition indicate the need to modify the plan of care, and at time of recertification.b. The patient needs will be addressed with the physician and as appropriate care plan implement with goals that are specific to the patients diagnosis and needs.2. Implement the new procedure to ensure MD orders are signed within 30 days.a. In-Service new form titled, "Revision to plan of care/Treatment" item number 10077.b. Initiate new check and balance system for 485's and verbal orders to ensure all orders are signed and received within 30 days.3. Establish guides for	11/30/2012	

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NAME OF PROVIDER OR SUPPLIER B & B INTERIM HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 E 85TH AVE MERRILLVILLE, IN 46410
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	<p>2. Clinical record #4, SOC 8/27/12, included a plan of care for the certification period 8/27/12 - 10/25/12 that failed to evidence a timely physician's signature. The physician signature was documented on 10/11/12, after the 30 day requirement.</p> <p>On 10/25/12 at 3:10 PM, the director of nursing and Employee D indicated the physician signature was to be completed on the plan of care within 30 days.</p> <p>3. Clinical record #6, SOC 10/1/12, included a plan of care for the certification period of 10/1/12 - 11/29/12 that failed to evidence a physician signature.</p> <p>On 10/24/12 at 4 PM, the director of nursing indicated the plan of care lacked a physician signature.</p> <p>4. Clinical record #10, start of care 8/9/12, included a plan of care for the certification period of 10/8/12 - 12/6/12 that failed to evidence the patient had a hemodialysis permacath and received hemodialysis 3 days a week.</p> <p>A. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis</p>		<p>communication and liaison among multidisciplinary care/service providers that ensure continuity, consistency, efficiency, and appropriateness of care/service plan. Established processess to document coordination of care/services in the patient/clinical mutual goals.4. Ensure care coordination with other entities that provide care to the patient to achieve mutual goals.</p>	

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	<p>access port on the right upper chest area.</p> <p>B. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week. The plan of care did not address the hemodialysis permacath or the hemodialysis care the patient received three times a week.</p> <p>5. The agency policy titled "Entries into the Patient /Client Record" with an effective date of 9/28/12 stated, "Signed physician orders are filed in a timely manner in accordance with law or regulation."</p> <p>6. The agency policy titled "When Orders for Care / services are required" with an effective date of 4/4/08 stated, " Health care practitioner signatures are acceptable as a validation of verbal orders in accordance with law or regulation ... The orders are incorporated into the plan of care ... in a format defined by law, regulation, or payor ... The DHCS [director of home care services] defines a process to ensure that the health care practitioner's orders have a valid signature and are filed in the patient / client record within the time frame established by law or regulation."</p>						

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G0172	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse regularly re-evaluates the patients nursing needs. Based on clinical record review, agency document review, and interview, the agency failed to ensure the registered nurse reevaluated the patient's wounds as required by agency procedure for 1 of 1 active patients (#1) skilled nursing for wound care with the potential to affect all the patients of the agency with skilled nursing services and wound care.</p> <p>Findings</p> <p>1. Clinical record #1, start of care 9/5/12, included a plan of care for the certification period of 9/5/12 - 11/3/12 included orders for the skilled nurse to complete wound care on the wounds on the patient's lower legs. After the initial and comprehensive assessment was completed on 9/5/12, Employee O visited the patient twice weekly and performed wound care as ordered while instructing the patient on completing the wound care the rest of the week. Documentation failed to evidence the registered nurse measured patient #1's wounds weekly as required by the agency wound management documentation.</p> <p>2. The agency document titled "Observation Treatment Adjunct Wound</p>	G0172	<p>G 172 Duties of Registered NurseTo improve performance and bring into compliance to this Standard, the following will take place:1. The DHCS will conduct a mandatory educational program for licensed professional personnel who conduct comprehensive assessments in the basic principles of assessment. 2. The RN will conduct a comprehensive assessment of the patient at the start of care following an inpatient stay, every sixty days and if the patient experiences a significant change in the condition.3. The RN will periodically re-evaluate patient care needs, will address them with the physician as appropriate and an appropriate care plan will be implemented4. In-Service will be provided on Wound Addendum form titled, "Observation/Treatment Adjunct", to ensure:a. Weekly documentation of wound measurements as required by agency procedures. Measurement of wounds will also be completed whenever significant changes occur in the wound5. The DHCS will review 100% of clinical records to ensure that wound measurement protocol is implemented and review will continue until compliance has been maintained</p>	11/30/2012			

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	<p>Management" with a revision date of 03/2011 stated, "Measurements must be documented at least weekly and whenever a significant change occurs in the wound." This document depicted a body diagram with instructions on how to indicate the presence and location of lesions or wounds and sections to document the characteristics of the wound and wound treatment performed.</p> <p>3. On 10/25/12 at 2:30 PM, the director of nursing and the alternate director of nursing indicated the skilled nurse did not measure the wounds weekly as required by agency documentation.</p>		for 30 days, then periodically thereafter.		

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G0176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure the registered nurse coordinated services with other entities providing care for 1 of 1 observations of (patient #10) patients receiving dialysis services from other entities with the potential to affect all patients receiving services from other entities.</p> <p>Findings</p> <p>1. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area.</p> <p>2. Clinical record #10, start of care 8/9/12 with a certification period of 10/8/12 - 12/6/12, indicated the patient had a chronic kidney disease diagnosis and HHA services ordered two times a day 5 hours a day 5 days a week for 2 months. However, the plan of care, clinical notes, and aide care plan failed to evidence the patient had a hemodialysis</p>	G0176	<p>G176 Duties of the Registered Nurse To improve performance and bring the agency into compliance to the Standard, the following will take place: 1. The DHCS will conduct a mandatory educational program for professional staff on the following issues. a. Conducting a comprehensive assessment, assessing and reporting patient changes in condition. b. Initiation of physician orders exactly as written, including diagnosis as well as medical devices. c. Coordination of care between providers when other care providers are involved on a patients case. 2. In-Service provided on policy titled "Coordination of Care Services", 8/25/06 to ensure care coordination with other entities that provide care to the patient to achieve mutual goals. 3. The DHCS review 100% of clinical records to ensure that the plan of care is implemented as ordered; review will continue until compliance has been maintained for 30 days, the periodically thereafter.</p>	11/30/2012	

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	<p>permacath. There was no documentation in the clinical record that the registered nurse communicated with the dialysis facility providing services about the permacath in the patient's upper right chest area or the patient's care.</p> <p>3. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week and no coordination of care documentation was found in the clinical record between the agency and the dialysis clinic.</p> <p>4. The agency policy titled "Coordination of Care / Services" with an effective date of 8/25/06 stated, "Policy: Interim Healthcare maintains regular communication with the patient / client and with others providing patient / client care / services. Actions and goals of Interim Health Care Services are complementary and reflect cooperative care planning ... established guides for communication and liaison among multidisciplinary care / service providers that ensure continuity, consistency, efficiency, and appropriateness of care / service delivery, and supports objectives of the plan of care / service plan ... established processes to document coordination of care / services in the patient / clinical record."</p>			

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G0224	<p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>Based on clinical record and policy review, observation, and interview, the agency failed to ensure the registered nurse identified the type of bath the patient was to receive on the aide care plan for 1 of 3 home health aide visits observed (Clinical record #10) with the potential to affect all the patients receiving aide services.</p> <p>Findings</p> <p>1. On 10/24/12 at 8:30 AM, Employee E, Home Health Aide, was observed to give patient #10 a bed bath. The aide care plan found in the home did not list bed bath as one of the personal care tasks to be completed by the aide.</p> <p>2. Clinical record #10, start of care (SOC) 8/9/12, included a plan of care for the certification period of 10/8/12 - 12/6/12 with orders for the home health aide to provide personal care ADLs / IADLs . The aide care plan did not include what type of bath the patient</p>	G0224	G224 Assignment and Duties of Home Health Aide To improve performance and bring the agency into compliance to sthis Standard, the following will take place:1. The DHCS will conduct a mandatory educational program for registered nurses and other appropriate professionals responsible for the supervision of home health aides and home health aides on the following issues:a. Preparing written patient care instructions for home health aides.b. Following the written patient care instructions when providing care.c. Notifying the registered nurse or other appropriate professional responsible for the supervision of home health aides if the written patient care instructions need to be revised or the patient is refusing care.d. Monitoring the home health aides and nurse on policy title, "Developing a Plan to Meet Patient/Client Needs" effective 8/27/04.3. The DHCS will perform ongoing monitoring for compliance weekly, through clincial record review, until 100% compliance is achieved and sustained for 30 days, the	11/30/2012			

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	would receive. 3. On 10/25/12 at 3:20 PM, the director of nursing indicated the aide care plan was not complete and failed to show a bed bath as a delegated task. 4. The agency policy titled "Developing a Plan to Meet Patient / Client Needs" with an effective date of 8/27/04 stated, "The DHCS [director of health care services] or designee documents the plan of care / service plan: ... for patients / clients who require home care aide services on the Home Care Aide Assignment sheet / Plan of Care."		quarterly thereafter.	

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G0331	<p>484.55(a)(1) INITIAL ASSESSMENT VISIT A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status.</p> <p>Based on clinical record review and interview, the agency failed to ensure the registered nurse made the initial assessment visit within 48 hours after the referral for home care to determine immediate care needs in 3 of 10 clinical records (3, 4, and 10) reviewed of patients admitted for home care services with the potential to affect all new patients of the agency.</p> <p>Findings include</p> <p>1. Clinical record #3, start of care (SOC) 9/18/12, evidenced a referral to home care dated 9/14/12 and a comprehensive assessment dated 9/18/12. The record failed to evidence an initial assessment was completed within 48 hours of referral to identify immediate care needs.</p> <p>On 10/25/12 at 3 PM, the director of nursing indicated the initial assessment had not been completed in 48 hours.</p> <p>2. Clinical record #4, SOC 8/27/12, evidenced a referral to home care dated</p>	G0331	<p>G331 Initial Assessment Visit To improve performance and bring the agency into compliance to this Standard, the following will take place: 1. The DHCS will conduct a mandatory educational program for professional staff involved with the comprehensive assessment of patients on the regulation and policy for conducting an initial assessment visit either within 48 hours of referral, or within 48 hours of the patients returning home, or on the physician ordered start of care date. 2. Initiate new patient intake procedures to ensure initial assessment is completed within 48 hours. a. DHCS will closely monitor all patient intake referrals daily and be in contact with the discharging agency to closely follow each patient which will ensure all immediate needs are met within 48 hours. b. Physician orders will be obtained to clarify changes in start of care date related to reason for delay. 3. The DHCS will audit a random sample of initial assessments for compliance with regulation and policy until compliance has been sustained for 30 days, the periodically thereafter.</p>	11/30/2012	

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	<p>8/23/12 and a comprehensive assessment dated 8/27/12. The record failed to evidence an initial assessment was completed within 48 hours of referral to identify immediate care needs.</p> <p>On 10/25/12 at 3:10 PM, the director of nursing and Employee D, Registered Nurse, indicated the initial assessment was not completed in 48 hours.</p> <p>3. Clinical record #10, SOC 8/9/12, evidenced a referral to home care dated 8/9/12 and a comprehensive assessment on 8/13/12. The record failed to evidence an initial assessment was completed within 48 hours to identify immediate needs.</p> <p>On 10/25/12 at 3:20 PM, the director of nursing indicated the initial assessment was not completed in 48 hours.</p>				

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G0335	<p>484.55(b)(2) COMPLETION OF THE COMPREHENSIVE ASSESSMENT Except as provided in paragraph (b)(3) of this section, a registered nurse must complete the comprehensive assessment and for Medicare patients, determine eligibility for the Medicare home health benefit, including homebound status. Based on observation, interview, and review of clinical records, the agency failed to ensure the registered nurse completely and accurately assessed the patient for 1 of 1 observations of a patient receiving hemodialysis services with the potential to affect all the agency's patients. (#10)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area. 2. Clinical record #10, start of care 8/9/12 with a certification period of 10/8/12 - 12/6/12, indicated the patient had a chronic kidney disease diagnosis and HHA services ordered two times a day 5 hours a day 5 days a week for 2 months. The clinical documents titled "Comprehensive Assessment for Personal Care Services" with a date of 8/13/12 and signed by Employee O, Registered Nurse, stated, "Pt. [patient] on hemodialysis" and 	G0335	G335 Completion of Comprehensive AssessmentsTo improve performance and bring the agency into compliance to this Standard, the following will take place:1. The DHCS will conduct a mandatory educational program for professional staff involved with the comprehensive assessment of patients on the regulation and policy including:a. In-Service provided on policy titled, "Coordination of Care Services" 8/25/06, to ensure care coordination with other entities that provide care to the patient to achieve mutual goals.2. The DHCS will audit a radom sample of comprehensive assessments for compliance with regulation and policy until compliance has been sustained for 30 days, then periodically thereafter.	11/30/2012	

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	<p>"Comprehensive Assessment for Personal Care" with a date of 10/6/12 signed by Employee O stated, "Has Hx [history] renal failure - receives dialysis two times week." Neither of these documents evidenced the presence of the permacath access port observed in finding #1.</p> <p>3. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week.</p>			

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N0000	<p>This visit was for a state home health agency relicensure survey.</p> <p>Survey Dates: 10/23/12 - 10/26/12</p> <p>Facility #: 5271</p> <p>Medicaid #: 100272880A</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census: 71 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>October 31, 2012</p>	N0000			

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N0408	<p>410 IAC 17-10-1(d) Licensure Rule 10 Sec. 1(d) Disclosure of ownership and management information must be made to the department at the time of the home health agency's initial request for licensure, for each survey, and at the time of any change in ownership or management. The disclosure must include the names and addresses of the following:</p> <p>(1) All persons having at least five percent (5%) ownership or controlling interest in the home health agency. (2) Each person who is: (A) an officer; (B) a director; (C) a managing agent; or (D) a managing employee; of the home health agency and evidence supporting the qualifications required by this article. (3) The corporation, association, or other company that is responsible for the management of the home health agency. (4) The chief executive officer and the chairman or equivalent position of the governing body of that corporation, association, or other legal entity responsible for the management of the home health agency.</p> <p>Based on interview and review of documents, the agency failed to ensure the Indiana State Department of Health was notified of a change in management for 1 of 1 agency with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. On 10/24/12 at 2 PM, the alternate</p>	N0408	N408To improve performance and bring agency into compliance to the Standard, the following will take place:In-service with Administrator, Alternate Administrator, Director of Nursing, and Alternate Director of Nursing.Policy review on disclosure of ownership and management.Home Health Agency will disclose the following information to the State survey, at	11/30/2012			

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	<p>administrator indicated Employee R, the previous alternate supervisory nurse, had resigned in June 2012 and been replaced by Employee D, date of hire 4/9/12. No letter had been sent to the state with this change.</p> <p>2. On 10/24/12 at 2:30 PM, the program coordinator from the Indiana Department of Health Acute Care division indicated the home health agency had not notified the department of this change in administration.</p> <p>3. An agency document with a title of "Interim Health Care" with an effective date of 10/24/12 and signed by the alternate administrator stated, "Employee D is the assistant director of nursing. Employee C is the director of nursing effective 6/4/12."</p> <p>4. An agency document with a title of "Interim Healthcare" and signed by Employee A, administrator, Employee B, alternate administrator, Employee C, director of nursing, and Employee D, alternate director of nursing on 6/4/12 stated, "Employee A, administrator designates Employee C, RN as director of healthcare services. Employee C, director of nursing, designates Employee D, assistant DON [director of nursing] to act in her behalf. Employee A designates</p>		<p>the time of initial request, initial survey, each survey, and at the time of any change in ownership management.1. Name and address of all persons with ownership or control interest.2. The name and address of each person who is an officer, director, agent or managing employee of Home Health Agency.3. The name and address of the corporation, association, or other company that is responsible for the management of the Home Health Agency and name and address of chief executive.Administrator will monitor for compliance.</p>		

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	Employee B, alternate administrator to act in his behalf."				

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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 policy review, observation, interview, and personnel file review, the agency failed to ensure the aide followed the agency's infection control policy in 1 of 3 home visits with an aide (#10) with the potential to affect all of the agency's patients who receive aide services.</p> <p>Findings</p> <p>1. The agency policy titled "Exposure Control Plan" with an effective date of 6/24/11 stated, "Handwashing ... Employees wash their hands before using gloves and immediately after removal of gloves and other personal protective equipment."</p> <p>2. The agency policy titled "Universal Precautions and Hazardous Waste Policy" with an effective date of 12/1/90 stated, "Do wash your hands with soap, running water, and friction prior to patient contact, immediately following patient contact, between patients, and after removing gloves."</p>	N0470	<p>N470 Compliance with Professional Standard and Principles To improve performance and bring agency into compliance to the Standard, the following will take place:1. The DHCS will conduct a mandatory educational program for the professional staff on the following:a. Professional standards and principles that apply to professional staff furnishing services in the agency.b. Laws and regulations governing the scope of practice for each discipline.c. Policies and procedures which apply professional standards and principles to care/service delivery.d. Responsibilities and performance standards as defined in Interim Health Care Services job description for each discipline.2. Mandatory In-Service for HHA and Nursing to provide education for compliance on policy as follows:a. Implementation of Infection Control Log.b. Handwashing, universal precautions and personal protective equipment.3. The DHCS will monitor a random sample of clinical records until compliance has been maintained</p>	11/30/2012

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	<p>3. During a home visit on 10/24/12 at 8:30 AM, Employee E, home health aide, was observed to give a bed bath to patient #10. Employee E washed hands and donned gloves prior to filling the two basins of water. She then washed the patient's face and neck and arms. She applied deodorant under the patient's arms and then took off her gloves. She did not wash hands before donning a new pair of gloves. She then proceeded to wash the patient's chest area and took gloves off. She did not wash hands before donning a new pair of gloves and then changed the water in the buckets. She then washed the genital area and changed gloves without washing hands before completing the rest of the bed bath.</p> <p>4. The personnel file of Employee E, date of hire 4/10/10 and first patient contact 5/2/10, evidenced a document titled "Home health aide Home care job description" and signed by this employee on 4/28/10 which stated, "Utilize infection control measures such as universal precautions, handwashing and personal protective equipment."</p> <p>5. On 10/26/12 at 12:20 PM, the director of nursing indicated Employee E did not follow the infection control policy of the agency while giving patient #10 a bed</p>		for 30 days, the periodically thereafter.				

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N0486	<p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure coordination of care occurred with other entities providing services for 1 of 1 observations of (patient #10) patients receiving dialysis services from other entities with the potential to affect all patients receiving services from other entities.</p> <p>Findings</p> <p>1. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area.</p> <p>2. Clinical record #10, start of care 8/9/12 with a certification period of 10/8/12 - 12/6/12, indicated the patient had a chronic kidney disease diagnosis and HHA services ordered two times a day 5 hours a day 5 days a week for 2 months. However, the plan of care, clinical notes, and aide care plan failed to evidence the patient had a hemodialysis permacath. There was no documentation</p>	N0486	<p>N486 Coordination of patients services To improve performance and bring the agency into compliance to the Standard, the following will take place: 1. The DHCS will participate in all activities related to professional services and patient care delivery, to ensure that personal efforts are coordinated effectively and support the objectives in the plan of care. Participation includes: a. Obtaining complete information at time of referral. b. Ensuring the care provided follows the plan of care and home health aide plan of care. c. Care coordination with each discipline assigned to provide care. 2. The DHCS will provide education to staff in the following. a. Ensuring the care provided follows the plan of care. b. Care coordination with each discipline assigned to provide care. c. In-Service staff on policy "Coordination of Care Services", 8/25/06, to ensure care coordination with other entities that provide care to the patient to achieve mutual goals. 3. The DHCS will audit a random sample of clinical records until compliance is achieved and substained for 30 days, then periodically thereafter.</p>	11/30/2012

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	<p>in the clinical record that the skilled nurse communicated with the dialysis facility providing services about the permacath in the patient's upper right chest area or the patient's care.</p> <p>3. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week and no coordination of care documentation was found in the clinical record between the agency and the dialysis clinic.</p> <p>4. The agency policy titled "Coordination of Care / Services" with an effective date of 8/25/06 stated, "Policy: Interim Healthcare maintains regular communication with the patient / client and with others providing patient / client care / services. Actions and goals of Interim Health Care Services are complementary and reflect cooperative care planning ... established guides for communication and liaison among multidisciplinary care / service providers that ensure continuity, consistency, efficiency, and appropriateness of care / service delivery, and supports objectives of the plan of care / service plan ... established processes to document coordination of care / services in the patient / 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"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record and policy review, observation, and interview, the agency failed to ensure the plan of care was signed by the physician and included all the patient's equipment and services in 4 of 10 clinical records (Clinical record #1, #4, #6, and #10) reviewed creating the potential to affect all of the agency's patients.</p> <p>Findings</p>	N0524	N524 Plan of CareTo improve performance and bring the agency into compliance to this Standard, the following will take place:1. The DHCS will conduct a mandatory educational program to professional personnel that will include:a. Coordination with the physician at the start of care to establish the plan of care, and ongoing as changes in the patients condition indicated the need to modify the plan of care, and at time of recertification.b. The patient needs will be	11/30/2012			

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	<p>1. Clinical record #1, start of care (SOC) 9/5/12, included a plan of care for the certification period of 9/5/12 - 11/3/12 that failed to evidence a physician's signature.</p> <p>On 10/25/12 at 2:30 PM, the director of nursing and Employee D, Registered Nurse indicated the physician signature was missing from the plan of care.</p> <p>2. Clinical record #4, SOC 8/27/12, included a plan of care for the certification period 8/27/12 - 10/25/12 that failed to evidence a timely physician's signature. The physician signature was documented on 10/11/12, after the 30 day requirement.</p> <p>On 10/25/12 at 3:10 PM, the director of nursing and Employee D indicated the physician signature was to be completed on the plan of care within 30 days.</p> <p>3. Clinical record #6, SOC 10/1/12, included a plan of care for the certification period of 10/1/12 - 11/29/12 that failed to evidence a physician signature.</p> <p>On 10/24/12 at 4 PM, the director of nursing indicated the plan of care lacked a physician signature.</p>		<p>addressed with the physician and an appropriate care plan implemented with goals that are specific to the patients diagnosis and needs.2. Implement the new procedures to ensure MD orders are signed within 30 days.a. In-Service new form titled, "Revision to plan of care/Treatment" item 10077.b. Initiate new check and balance system for 485's and verbal orders to ensure all orders are signed and received within 30 days.3. Establish guides for communication and liason among multidisciplinary care/service plan. Establish processes to document coordination of care/service in the patient/clinical records.4. Ensure care coordination with other entities that provide care to the patient to achieve mutual goals.</p>		

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	<p>4. Clinical record #10, start of care 8/9/12, included a plan of care for the certification period of 10/8/12 - 12/6/12 that failed to evidence the patient had a hemodialysis permacath and received hemodialysis 3 days a week.</p> <p>A. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area.</p> <p>B. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week. The plan of care did not address the hemodialysis permacath or the hemodialysis care the patient received three times a week.</p> <p>5. The agency policy titled "Entries into the Patient /Client Record" with an effective date of 9/28/12 stated, "Signed physician orders are filed in a timely manner in accordance with law or regulation."</p> <p>6. The agency policy titled "When Orders for Care / services are required" with an effective date of 4/4/08 stated, " Health care practitioner signatures are acceptable as a validation of verbal orders in accordance with law or regulation ...</p>			

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	The orders are incorporated into the plan of care ... in a format defined by law, regulation, or payor ... The DHCS [director of home care services] defines a process to ensure that the health care practitioner's orders have a valid signature and are filed in the patient / client record within the time frame established by law or regulation."			

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N0541	<p>410 IAC 17-14-1(a)(1)(B) Scope of Services Rule 14 Sec. 1(a) (1)(B) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (B) Regularly reevaluate the patient's nursing needs.</p> <p>Based on clinical record review, agency document review, and interview, the agency failed to ensure the registered nurse reevaluated the patient's wounds as required by agency procedure for 1 of 1 active patients (#1) skilled nursing for wound care with the potential to affect all the patients of the agency with skilled nursing services and wound care.</p> <p>Findings</p> <p>1. Clinical record #1, start of care 9/5/12, included a plan of care for the certification period of 9/5/12 - 11/3/12 included orders for the skilled nurse to complete wound care on the wounds on the patient's lower legs. After the initial and comprehensive assessment was completed on 9/5/12, Employee O visited the patient twice weekly and performed wound care as ordered while instructing the patient on completing the wound care the rest of the week. Documentation failed to evidence the registered nurse measured patient #1's wounds weekly as required by the agency wound</p>	N0541	<p>N541 Duties of the Registered Nurse To improve performance and bring the agency into compliance to this Standard, the following will take place: 1. The DHCS will conduct a mandatory educational program to licensed professional personnel who conduct comprehensive assessments in the basic principles of assessment. 2. The RN will conduct a comprehensive assessment of the patient at the start of care following an inpatient stay, every sixty days and if the patient experiences a significant change in the condition. 3. The RN will periodically re-evaluate patient care needs, will address them with the physician as appropriate and an appropriate care plan will be implemented. 4. In-Service provided on Wound Addendum Form titled, "Observation/Treatment Adjunct" to ensure: a. Weekly documentation of wound measurements as required by agency procedures. Measurement of wounds will also be completed whenever significant changes occur in the wound. b. DON will monitor for 30</p>	11/30/2012	

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	<p>management documentation.</p> <p>2. The agency document titled "Observation Treatment Adjunct Wound Management" with a revision date of 03/2011 stated, "Measurements must be documented at least weekly and whenever a significant change occurs in the wound." This document depicted a body diagram with instructions on how to indicate the presence and location of lesions or wounds and sections to document the characteristics of the wound and wound treatment performed.</p> <p>3. On 10/25/12 at 2:30 PM, the director of nursing and the alternate director of nursing indicated the skilled nurse did not measure the wounds weekly as required by agency documentation.</p>		days for compliance and review thereafter.	

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N0545	<p>410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services. Based on clinical record review, home visit observation, interview, and policy review, the agency failed to ensure the registered nurse coordinated services with other entities providing care for 1 of 1 observations of (patient #10) patients receiving dialysis services from other entities with the potential to affect all patients receiving services from other entities.</p> <p>Findings</p> <p>1. During a home visit on 10/24/12 at 8:30 AM, it was observed that patient #10 had a hemodialysis permacath dialysis access port on the right upper chest area.</p> <p>2. Clinical record #10, start of care 8/9/12 with a certification period of 10/8/12 - 12/6/12, indicated the patient had a chronic kidney disease diagnosis and HHA services ordered two times a day 5 hours a day 5 days a week for 2 months. However, the plan of care, clinical notes, and aide care plan failed to evidence the patient had a hemodialysis</p>	N0545	<p>N545 Duties of the Registered Nurse To improve performance and bring the agency into compliance to the Standard, the following will take place: 1. The DHCS will conduct a mandatory educational program for professional staff on the following issues: a. Conducting a comprehensive assessment, assessing and reporting patient change in condition. b. Initiation of physician orders exactly as written, including diagnosis as well as medical devices. c. Coordination of care between providers when other care providers are involved on a patients case. 2. In-Service provided on policy "Coordination of Care Service", 8/25/06 to ensure care coordination with other entities that provide care to the patient to achieve mutual goals. 3. The DHCS will review 100% of clinical records to ensure that the plan of care is implemented as ordered; review will continue until compliance has been maintained for 30 days, then periodically thereafter. 4. The DHCS will contact the physician to revise orders if clinical record review identifies need for change</p>	11/30/2012			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157054		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/26/2012	
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	<p>permacath. There was no documentation in the clinical record that the registered nurse communicated with the dialysis facility providing services about the permacath in the patient's upper right chest area or the patient's care.</p> <p>3. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week and no coordination of care documentation was found in the clinical record between the agency and the dialysis clinic.</p> <p>4. The agency policy titled "Coordination of Care / Services" with an effective date of 8/25/06 stated, "Policy: Interim Healthcare maintains regular communication with the patient / client and with others providing patient / client care / services. Actions and goals of Interim Health Care Services are complementary and reflect cooperative care planning ... established guides for communication and liaison among multidisciplinary care / service providers that ensure continuity, consistency, efficiency, and appropriateness of care / service delivery, and supports objectives of the plan of care / service plan ... established processes to document coordination of care / services in the patient / clinical record."</p>		to the plan of care.				

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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 and policy review, observation, and interview, the agency failed to ensure the registered nurse identified the type of bath the patient was to receive on the aide care plan for 1 of 3 home health aide visits observed (Clinical record #10) with the potential to affect all the patients receiving aide services.</p> <p>Findings</p> <p>1. On 10/24/12 at 8:30 AM, Employee E, Home Health Aide, was observed to give patient #10 a bed bath. The aide care plan found in the home did not list bed bath as one of the personal care tasks to be completed by the aide.</p> <p>2. Clinical record #10, start of care (SOC) 8/9/12, included a plan of care for the certification period of 10/8/12 - 12/6/12 with orders for the home health aide to provide personal care ADLs / IADLs . The aide care plan did not</p>	N0550	N550 Assignment and Duties of Home Health Aide To improve performance and bring the agency into compliance to this Standard, the following will take place:1. The DHCS will conduct a mandatory education program for registered nurses and other appropriate professionals responsible for the supervision of home health aides and home health aides on the following issues:a. Preparing written patient care instructions for home health aidesb. Following the written patient care instructions when providing services.c. Notifying the registered nurse or other appropriate professional responsible for the supervision of home health aides if written patient care instructions need to be revised or the patient is refusing care.d. Monitoring that the home health aides provide only the care which is consistent with the plan of care.e. Providing supervision as required by law, regulation and policy.f. Evaluating that the care plan continues to meet the patients needs.2. In-Service provided to home	11/30/2012	

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	<p>include what type of bath the patient would receive.</p> <p>3. On 10/25/12 at 3:20 PM, the director of nursing indicated the aide care plan was not complete and failed to show a bed bath as a delegated task.</p> <p>4. The agency policy titled "Developing a Plan to Meet Patient / Client Needs" with an effective date of 8/27/04 stated, "The DHCS [director of health care services] or designee documents the plan of care / service plan: ... for patients / clients who require home care aide services on the Home Care Aide Assignment sheet / Plan of Care."</p>		<p>health aides and nurse on policy titled, "Developing a Plan to Meet Patient/Client Needs" effective 8/27/04.3. The DhCS will preform ongoing monitoring for compliance weeklt, through clinical record review, until 100% compliance is achieved and sustained for 30 days, the quarterly thereafter.</p>		