

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157541	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2014
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NAME OF PROVIDER OR SUPPLIER ALLPOINTS HOME HEALTH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9801 PRAIRIE AVE HIGHLAND, IN 46322
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N000000	<p>This visit was for a home health agency state re-licensure survey.</p> <p>Survey dates: 12-01 to 12-05-2014</p> <p>Facility #: 003142</p> <p>Medicaid #: 200387660A</p> <p>Surveyor: Deborah Franco, RN, PHNS</p> <p>Census: 207 Skilled unduplicated admissions, twelve months 76 Active patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 9, 2014</p>	N000000		
N000464	<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: (1) Any person with a negative history of</p>			

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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	<p>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:</p> <p>(A) a documented:</p> <p>(i) history of tuberculosis;</p> <p>(ii) previously positive test result for tuberculosis; or</p> <p>(iii) completion of treatment for tuberculosis;</p> <p>or</p> <p>(B) newly positive results to the tuberculin skin test;</p> <p>must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must:</p> <p>(A) be completed annually; and</p> <p>(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> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis</p>			

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	<p>examination within the previous twelve (12) months.</p> <p>Based on policy review, personnel file review, review of Center for Disease Control (CDC) tuberculosis (TB) skin testing guidelines, and interview, the agency failed to ensure TB tests were read between 48 to 72 hours for 4 of 4 non-positive Tuberculin Skin Test responders (A, C, D, and F) employee files reviewed with potential to affect agency's 76 active patients.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. A policy last reviewed / revised 1-6-14 titled "Employment" states, "The documentation of health status shall show that all employees who will have direct client contact have had a PPD (mantoux) skin test for tuberculosis prior to employment. The employee is then to have a second-step skin test if the first TB test performed is over 180 days. The employee is to have a skin test for tuberculosis annually thereafter." 2. A policy last reviewed / revised 1-6-14 titled "Health Screening" states, "TB skin test results shall be evaluated by a Registered Nurse ... within 48-72 hours and documented." 3. A policy last reviewed / revised 	N000464	<p>The Administrator modified the Mantoux test form to include time of injections and time of reading, along with vial lot number and expiration date. All old forms have been destroyed. All applicants will be given the new form and all current employees at time of yearly TB testing. Audit of all employee and contracted personnel files will be done on hire and yearly to monitor compliance. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	12/05/2014

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	<p>1-6-14 titled "Infection Control" states, "The agency defines and implements an infection control program to reduce the risk for infection in patients, families, caregivers, and staff based on ... Current clinical references including Indiana State Department of Health and other Health Departments, CDC guidelines, and poison control."</p> <p>4. CDC Guidelines for Control and Prevention of TB "Tuberculosis Skin Testing Fact Sheet", last reviewed/updated September 2012 , states, "The skin test reaction should be read between 48 and 72 hours after administration ... A patient who does not return within 72 hours will need to be rescheduled for another skin test."</p> <p>5. Personnel file A, a registered nurse and Director of Nursing, was hired on 2-15-10 and the personnel file contained a record of an annual Tuberculin (TB) skin test administered 6-16-14 and read on 6-18-14 with result of 0 mm (millimeters) induration, and a record of an annual TB skin test administered 6-18-13 and read on 6-21-13 with result of 0 mm induration. No time was documented.</p> <p>6. Personnel file C, a Registered Nurse, was hired on 5-13-02. The personnel file</p>						

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	<p>contained a record of an annual TB skin test administered 5-30-14 and read on 6-2-14 with result 0 mm induration; a record of an annual TB skin test administered 6-3-13 and read on 6-6-13; and a record of an annual TB skin test administered 6-4-12 and read on 6-7-12 with result 0 mm induration. No time was documented.</p> <p>7. Personnel file D, a Home Health Aide (HHA), was hired on 4-19-11. The personnel file contained an annual TB skin test administered 7-30-14 and read on 8-11-14 with result of 0 mm induration and an annual TB skin test administered 8-10-12 and read on 8-13-12 with a result of 0 mm induration. No time was documented.</p> <p>8. Personnel file E. a contracted Occupational therapist,, was hired on 10-18-12. the personnel file contained an annual TB skin test administered 7-17-14 and read on 7-20-14 with a result of 0 mm induration. No time was documented.</p> <p>9. The Administrator on 12-3-14 at 2:15 PM, verified the above findings and indicated the agency follows CDC guidelines for their Infection Control Program including the facility Tuberculosis Control Plan. The</p>			

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N000470	<p>Administrator was not aware of the CDC recommendation that TB skin tests be read between 48 hours and 72 hours of administration to be reliable; she thought the reading could occur 2-3 days after the test was administered but not necessarily within the 48 to 72 hour window per CDC guidelines. The Administrator indicated absent documentation of time of administration and time of reading of a TB skin test, it could not be reliably determined that the results were read between 48 hours and 72 hours and were therefore reliable.</p> <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</p>			

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	<p>laws.</p> <p>Based on observation, agency policy review, and interview, the agency failed to assure the registered nurse implemented agency infection control policy for 1 of 1 home observation patients receiving wound care (#1) creating the potential to affect all agency patients requiring wound care.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. During home visit to patient #1 on 12-2-14 at 11:30 AM, the RN (Employee B) performed wound care to the patient's left leg wound. The RN performed hand hygiene, donned exam gloves, and removed the soiled dressing. Without changing gloves and performing hand hygiene, the RN handled clean dressing supplies. The RN applied Santyl to the wound bed, dropped the open tube of Santyl medication on the floor, and applied a dressing to the left leg wound. The RN cleaned the tube of Santyl with a disinfectant wipe and returned it to the basin with other wound care supplies. The RN then removed the gloves, performed hand hygiene, and placed tape on the dressing. 2. Agency policy "Infection Control", last reviewed/ revised 1-6-14, states, 	N000470	<p>The Director of Nursing in-serviced all staff regarding infection control during dressing change. Return demonstration of proper gloving during dressing changes was performed by all SN's. Home visit with Employee B was made to observe infection control during dressing change. Random visits will be made with all SN's with wound care to observe infection control procedures. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	12/17/2014

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N000524	<p>"The purpose of the agency Infection Control Plan is to establish guidelines for staff interaction with patients ... that promote appropriate surveillance, prevention, and control of infection."</p> <p>3. Agency policy "Wound Care", last reviewed/ revised 1-6-14, states as step 9 of the wound care procedure< "[after removing the existing dressing] Discard gloves and wash hands. [and prior to beginning the clean part of the procedure]."</p> <p>4. On 12-3-14 at 2:15 PM, employee G, the Administrator, indicated Employee B had not complied with accepted professional standards and principles or agency policy during the dressing change observed for patient # 1. The RN's lapse in infection control technique created a risk of cross contamination and infection to patient #1 who had been hospitalized earlier this year for a wound infection.</p> <p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (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: (i) Mental status.</p>				

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	<p>(ii) Types of services and equipment required.</p> <p>(iii) Frequency and duration of visits.</p> <p>(iv) Prognosis.</p> <p>(v) Rehabilitation potential.</p> <p>(vi) Functional limitations.</p> <p>(vii) Activities permitted.</p> <p>(viii) Nutritional requirements.</p> <p>(ix) Medications and treatments.</p> <p>(x) Any safety measures to protect against injury.</p> <p>(xi) Instructions for timely discharge or referral.</p> <p>(xii) Therapy modalities specifying length of treatment.</p> <p>(xiii) Any other appropriate items.</p> <p>Based on observation, clinical record review, review of policy, and interview, the agency failed to ensure all the equipment and supplies used by patients were included on the plan of care (POC) for 3 of 6 home visit observations (#1, #2, and #5) creating the potential to affect all the agency's current 76 patients.</p> <p>The findings include:</p> <p>1. Clinical record patient # 1, start of care (SOC) 9-6-13, contained a POC dated 11-14-14 to 1-12-15. During observation on 12-2-14 at 11:30 AM, durable medical equipment (DME) present in the patient's home included a hospital bed. The POC failed to include this DME.</p>	N000524	<p>The field staff in-serviced regarding all reportable DMEs andsupplies. A review of DMEs and supplieswill be made at time admission and re-certification. An Audit of 10% of all clinical records will be done monthlyfor 3 months then quarterly to check for omission and inclusion of DMEs andsupplies.</p> <p>The Administrator will be responsible formonitoring these corrective actions to ensure that this deficiency is correctedand will not recur.</p>	12/17/2014			

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	<p>On 12-3-14 at 2:15 PM, employee G, the Administrator, indicated patient # 1 has had the hospital bed since the SOC and it was listed on other certification periods but the current POC failed to list the hospital bed as DME.</p> <p>2. Clinical record patient # 2, SOC 10-7-14, contained a POC dated 10-7 to 12-5-14. During observation on 12-2-14 at 2:00 PM, supplies present in the home included chux (disposable mattress protectors) and diapers. The POC failed to include these supplies.</p> <p>On 12-3-14 at 2:15 PM, employee H, the Administrator, indicated patient # 2 has used diapers and chux for incontinence care but the patient's family was responsible for purchasing the supplies and the agency did not realize the items should be included in the POC.</p> <p>3. Clinical record patient #5, SOC date 7-3-14, contained a POC dated 10-31 to 12-29-14. During observation on 12-4-14 at 9:00 AM, DME present in the patient's home included an oxygen concentrator. The POC failed to include this DME.</p> <p>On 12-3-14 at 2:15 PM, employee G, the Administrator, indicated patient # 5's POC should have included the oxygen</p>			

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N000537	<p>concentrator.</p> <p>4. The agency's policy titled "Plan of Care," # C-215, last reviewed and approved by Governing Body 1-6-14, states, "2. The Plan of Care shall be completed in full to include: ... m. Medical supplies and equipment required."</p> <p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows:</p> <p>Based on clinical record review and interview, the agency failed to ensure the Registered Nurse (RN) furnished services in accordance with the plan of care (POC) to include performing supervisory visits of the Home Health Aide (HHA) every 2 weeks as required by physician order in the POC for 1 of 4 home observation patients with HHA services (#2) creating the potential to affect all agency patients receiving HHA services.</p> <p>The findings include:</p> <p>1. Clinical record of patient # 2, SOC 10-7-14, contained a POC for a certification period of 10-7 to 12-5-14</p>	N000537	<p>The Director of Nursing in-serviced all RN's on performing aide supervisory visits with or without aide present at least every 14 days.</p> <p>10% of all clinical records will be audited for compliance for at least 4 weeks starting 12/21/14 or until 95% compliance or greater achieved. When 95% compliance is reached, audits will be quarterly.</p> <p>The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	12/17/2014

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N000606	<p>with orders for Skilled Nursing and HHA services. The POC included an order for skilled nursing visits every 2 weeks to supervise the HHA. During the certification period the clinical record failed to evidence supervisory visits by the RN, Employee C, of the HHA at 2 week intervals. The record included supervisory visits on 10-4, 11-4 (4 week interval), and 11-25-14 (3 week interval).</p> <p>2. On 12-3-14 at 2:15 PM, employee G, the Administrator, indicated the clinical record failed to evidence supervisory visits each 2 weeks as required by agency policy and specifically ordered by the physician in patient #2's POC. The Administrator indicated this RN, Employee C, is highly reliable but was unable to provide further documentation showing the supervisory visits had been made as per the POC and agency policy.</p> <p>410 IAC 17-14-1(n) Scope of Services Rule 14 Sec. 1(n) A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and make a supervisory visit at least every thirty (30) days, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met. Based on clinical record review and interview, the agency failed to ensure the Registered Nurse (RN) furnished services</p>	N000606	The Director of Nursing in-serviced all RN's on performingaide supervisory visits with or without aide present at	12/17/2014

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	<p>in accordance with the plan of care (POC) to include performing supervisory visits of the Home Health Aide (HHA) every 2 weeks as required by physician order in the POC for 1 of 4 home observation patients with HHA services (#2) creating the potential to affect all agency patients receiving HHA services.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Clinical record of patient # 2, SOC 10-7-14, contained a POC for a certification period of 10-7 to 12-5-14 with orders for Skilled Nursing and HHA services. The POC included an order for skilled nursing visits every 2 weeks to supervise the HHA. During the certification period the clinical record failed to evidence supervisory visits by the RN, Employee C, of the HHA at 2 week intervals. The record included supervisory visits on 10-4, 11-4 (4 week interval), and 11-25-14 (3 week interval). 2. On 12-3-14 at 2:15 PM, employee G, the Administrator, indicated the clinical record failed to evidence supervisory visits each 2 weeks as required by agency policy and specifically ordered by the physician in patient #2's POC. The Administrator indicated this RN, Employee C, is highly reliable but was unable to provide further documentation 		<p>least every 14 days. 10% of all clinical records will be audited for compliance for at least 4 weeks starting 12/21/14 or until 95% compliance or greater achieved. When 95% compliance is reached, audits will be quarterly. The Administrator will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>				

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	showing the supervisory visits had been made as per the POC and agency policy.				