

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157563		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/14/2014	
NAME OF PROVIDER OR SUPPLIER OMNI HOME CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 111 GARWOOD RD RICHMOND, IN 47374			
(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			
G000000	<p>This visit was a home health federal recertification survey.</p> <p>Survey dates: February 11, 12, 13, and 14, 2014</p> <p>Facility # 004390</p> <p>Medicaid Vendor: # 200512710</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Agency Census Skilled Patients 423 Home Health Aide Only Patients 0 Personal Service Only Patients 0 Total 423</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 18, 2014</p>	G000000					

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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G000121	<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 observations and interview, the facility failed to ensure staffed followed professional standards in providing wound care in 1 of 1 observation (#2) of wound care with the potential to affect all patients that receive wound care from employee C.</p> <p>Findings:</p> <p>1. On 2/12/14 at 12:30 PM, Employee C, a Registered Nurse (RN), was observed performing a wet to dry bandage change with a medication application. Patient #2 stood facing away from the RN. The RN removed the bandage from the coccyx. The removal of the bandage tore the thin skin and the coccyx began to bleed. The RN used a 4 x 4 gauze to clean up the blood. She placed the gauze, now contaminated, on her barrier to her side. The RN took the tube of medicated ointment put her finger, also contaminated, on the end of the tube, then put her finger in the end of the coccyx wound. The coccyx was still</p>	G000121	The Administrator will in-service all clinical/field staff on the agency's policies and procedures related to "Infection Control Program" #7.1; "Standard Precautions" #7.4 and "Personal Protective Equipment" #7.6. All clinical/field staff will demonstrate adherence to policies and procedures as evidenced by: performing return demonstration of basic wound care within 14 days and annually thereafter to ensure competency. The Administrator will be responsible for implementing and monitoring these corrective actions to ensure that the deficiency is corrected and will not recur.	03/14/2014			

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N000000	<p>bleeding where the bandage had been taped. The RN picked up the previously used gauze from the barrier and used it again to clean off the new blood.</p> <p>2. On 2/12/14 at 3 PM, Employee A, the Administrator, indicated this is not the normal work of this RN.</p> <p>This visit was a home health state licensure survey.</p> <p>Survey dates: February 11, 12, 13, and 14, 2014</p> <p>Facility # 004390</p> <p>Medicaid Vendor: # 200512710</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Agency Census Skilled Patients 423 Home Health Aide Only Patients 0 Personal Service Only Patients 0 Total 423</p>	N000000					

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	Omni Home Care is in compliance with the Indiana rules for home health agencies 410 IAC Article 17 Quality Review: Joyce Elder, MSN, BSN, RN February 18, 2014				