

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2014
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NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4550 MIDDLE RD STE C COLUMBUS, IN 47203
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G000000	This was a federal home health recertification survey. Survey dates: 4/8/14 - 4/11/14 Facility #: IN005284 Medicaid #: 100263660A Surveyor: Ingrid Miller, RN, PHNS Skilled unduplicated census for past year: 734 patients Quality Review: Joyce Elder, MSN, BSN, RN April 16, 2014 484.10 PATIENT RIGHTS The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights.	G000000		
G000101	Based on home visit observation, clinical record review, interview, and review of agency documents and policies, the agency failed to protect the right of dignity and personal privacy for 1 of 1 home visit observation (patient #3) with a home health aide with the potential to affect all the patients receiving care from Employee L. Findings 1. On 4/9/14 at 11:18 AM, Employee L, Home Health Aide, was observed to give a bed bath to patient #3. While Employee L	G000101	G101 Mandatory in-service for all Professional/Paraprofessional staff was held on 4/23/14 by the Director of Clinical Services (DCS) and the Regional Clinical Manager. Education on Policy #33.03 Patient Bill of Rights and Patient Orientation Booklet specific to Patient Rights and Dignity. Education packets mailed 4/24/14 to all Professional/Paraprofessional staff that were unable to attend the in-service. To ensure compliance with above polices and procedures the DCS or	05/10/2014

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>washed the patient, the patient was not draped for privacy for approximately 7 minutes.</p> <p>2. Clinical record #3, start of care 7/30/11, contained a document titled "Admission consent." This document was signed by the patient on 7/30/11 and evidenced the patient had received the patient rights and responsibilities.</p> <p>3. The agency document titled "Patient Orientation for Home care services" with no effective date stated, "Section II: Your Rights and responsibilities ... As a home care provider, we have an obligation to protect your rights ... You have the right to personal privacy and security during home visits ... and the patient has the right to be as follows ... treated with dignity."</p> <p>4. On 4/9/14 at 11:45 PM, the director of nursing indicated the home visit with patient #3 failed to provide the patient with personal privacy and to show the patient was treated with dignity.</p> <p>5. The agency policy titled "Bill of Rights / responsibilities" with a revision date of 12/2/11 stated, "Staff members implement the client bill of rights / responsibilities to promote the client's interest and well being." 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>	G000121	<p>designee with conduct 4 home visits a month for 3 months starting the week of 4/28/14 and then ongoing as part of the agency quarterly quality monitor. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President.</p> <p>G 121 Mandatory in-service for all Professional and Para professional staff was held on</p>				

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	<p>Based on observation, interview, and review of policy, the agency failed to ensure its staff had provided services in accordance to professional standards in 3 of 6 home visit observations (patients #2, #5, and #6) with the potential to affect any patients cared for by Employees B, D, and G.</p> <p>The findings include</p> <p>1. On 4/9/14 at 9:35 AM, Employee B, Registered Nurse, was observed to visit patient #2 for a wound vac dressing change. Employee B was observed to be wearing gloves and to use scissors to cut strips of adhesive cover. These scissors had not been disinfected. After cutting strips of adhesive, the nurse was observed to place the scissors onto a green towel placed under the patient's buttocks area and then to touch the trash can with the left gloved hand. She was observed to take this glove off. She did not wash her hand and donned a new glove onto the left hand. She then washed the wound area on the coccyx with a saline wound wash. She then used skin prep around this wound area. She removed her gloves and washed her hands with a microbial hand gel. She obtained supplies from a supply box, including a wound vac dressing package, and placed this onto the towel under the patient's buttocks area. She took her gloves off and donned new gloves without washing her hands. She cut the black foam piece for application to the wound into one strip and placed the scissors back onto the towel. She did not disinfect the scissors. The black foam was then placed onto the wound bed and the dressing procedure was completed.</p> <p>2. On 4/9/14 at 2:45 PM, Employee D,</p>		<p>4/23/14 by the Director of Clinical Services (DCS) and Regional Clinical Manager regarding the following policies: Policy #33.39 Standard Universal Precautions, Policy #33.900 Hand Hygiene Policy, Policy #33.727 Preventing Contamination of Solutions & Policy #33.08 Nursing Services. Return demonstration of appropriate hand hygiene technique included. Education packets mailed 4/24/14 to all Professional and Paraprofessional staff that were unable to attend the in-service. Return demonstration of hand hygiene is being individually scheduled with staff unable to attend. Patient # 5- On 4/11/14 the opened 1 Liter Normal Saline bottle was discarded, replaced with new bottle of Normal Saline that was labeled per policy. To ensure compliance with above polices and procedures the DCS or designee with conduct 4 home visits a month for 3 months starting the week of 4/28/14 and then ongoing as part of the agency quarterly quality monitor. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President.</p>	

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	<p>licensed practical nurse, was observed to visit patient #5 for a wound dressing change. With gloved hands, Employee D was observed to remove the dressing from a wound on the scalp area of patient #5 by using normal saline from an already opened 1 liter bottle of normal saline. This bottle was observed to have approximately 300 cubic centimeters of saline left in it. There was no label to show when this bottle had been opened and by whom. After the dressing was removed and discarded, the nurse failed to remove her gloves before cleansing this wound. She then applied a new dressing to this wound and taped the dressing into place. Employee D also changed the patient's left foot dressing after removing the old dressing. She used these scissors to remove the old dressing and then proceeded to use the scissors to cut the unboot package prior to using the unboot dressing as part of the left dressing application.</p> <p>3. On 4/9/13 at 3:20 PM, Employee G, physical therapy assistant, was observed to visit patient #6 for a physical therapy visit. During this visit, Employee G was observed to wash hands at the patient's sink and then don gloves. He completed exercises from the patient's home exercise program and then used his laptop computer. He then gelled his gloved hands and took the patient's blood pressure. He returned the blood pressure cuff to the bag after disinfecting the cuff with a disinfectant wipe. He then washed his gloved hands with gel. He took the patient's temperature with a oral thermometer to which he applied a protective sleeve. He obtained the patient's radial pulse on the left wrist with his gloved hands. He removed the thermometer and discarded the sleeve and returned the oral thermometer</p>			

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	<p>into his equipment bag. He gelled his gloved hands again and assisted the patient to walk using the patient's walker. He removed his gloves and washed his hands.</p> <p>4. At 4/9/14 at 4:20 PM, the director of nursing indicted infection control concerns were present at the above visits.</p> <p>5. The agency policy titled "Standard [Universal] Precautions" with a date of 4/3/14 stated, "A consistent approach to reducing the risks of transmitting potential infectious organisms is essential."</p> <p>6. The agency policy titled "Hand hygiene" with a revision date of 2/11/14 stated, "Hand hygiene is performed by all associates to maintain cleanliness of their hands and to prevent cross - contamination and the spread of infection. Hand hygiene is performed before and after direct patient contact, selecting either handwashing with soap and water or use of an alcohol based hand rub ... Hand hygiene is performed ... before and after direct patient contact, even if the hands appear clean ... before re - entering caregiver supplies, i.e. [for example, nursing bag, laptop, or patient's clean supplies ... after removing gloves ... Handwashing process either non - antimicrobial or plain soap will work for routine cleaning ... wet hands with water ... if appropriate hand washing facility or supplies or unavailable, use hand sanitizer followed by handwashing as soon as feasible. Use of alcohol based hand rub ... apply enough alcohol - based hand sanitizer to cover the entire surface of the hands and fingers ... the alcohol - based hand sanitizer should come into contact with all surfaces of the hand."</p>			

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G000135	<p>7. The agency policy titled "Preventing contamination of solutions" with an effective date of 12/9/05 stated, "Frequent access of an open container or vial can increase the possibility of contamination of the solution. In order to decrease this possibility, precautions to decrease the possibility should be taken by the home care nurse or pharmacist and an expiration date should be placed on the opened container or vial."</p> <p>8. The agency policy titled "Nursing Service" with a revision date of 4/30/07 stated, "Nurses will exercise prudence in practice, maintain a professional manner, and comply with all local, state, and federal rules and regulations; accreditation boards; policies and procedures ... The licensed practical nurse ... prepares equipment and materials for treatments while observing aseptic technique." 484.14(c) ADMINISTRATOR The administrator, who may also be the supervising physician or registered nurse required under paragraph (d) of this section, ensures the accuracy of public information materials and activities.</p> <p>Based on web site review and interview, the administrator failed to ensure the public information website was accurate for 1 of 1 agency with the potential to affect all future patients.</p> <p>Findings</p> <p>1. The agency website failed to include the current names of the administrator and director of nursing. A past administrator and</p>	G000135	G 135Update of agency website was completed on 4/22/14. The website will be reviewed and revised when changes in Administration occur. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President.	04/22/2014			

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G000141	<p>past director of nursing were listed on the web site. The website address was http://www.americannursingcare.com/Branch.aspx?id=Columbus.</p> <p>2. On 4/11/14 at 10:50 AM, the regional operations manager indicated the website of the agency included the name of a past employee who did not work for the agency at this time. 484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies.</p> <p>Personnel records include qualifications and licensure that are kept current.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure the personnel policies were followed in 3 of 14 personnel records reviewed (File I, K, and L) with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Personnel file I, Occupational Therapist, date of hire 7/8/13 and first patient contact 7/8/13, included a job description signed by Employee I on 9/17/13. There was no earlier signed job description in the file. There was a completed physical examination on 10/11/13, after the employee's date of hire and first patient contact.</p> <p>2. Personnel file K, Home health aide, date of hire 1/22/14 and first patient contact 2/4/14, failed to include a home health aide</p>	G000141	G141 The Employment Coordinator was inserviced on 4/23/14 on Policy #32.88 Hiring Process Direct Care Giver, Policy #32.120 Employment Physicals and Policy #32.05 Job Descriptions. Personnel file K-Registration for the Home Health Aide was completed on 4/10/14. Employment Coordinator will review all new hires against the first date of patient contact. To ensure compliance with the above policies the Director of Operations or designee will conduct 3 random employee record reviews per month to monitor Home Health Aides are on Registry, physicals are conducted within 180 days of hire and job descriptions are signed and dated for 3 months starting week of 4/28/14 and then ongoing as part of the agency quarterly	05/10/2014			

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G000158	<p>registration.</p> <p>3. Personnel file L, Home Health Aide, date of hire 4/23/13 and first patient contact 5/7/13, failed to include a physical examination completed within 180 days of the first patient contact.</p> <p>4. The agency policy titled "Employment physicals" with an original date of 4/29/10 stated, "All associates involved in direct patient care must be evaluated by a physician or nurse practitioner to determine if the associate is free from communicable disease. Associates are not permitted to provide care until the results have been received ... In Indiana the recent health examination must have been completed within the past 6 months."</p> <p>5. The agency policy titled "Hiring Process - Direct Caregivers" with a revised date of 10/12/10 stated, "Before providing direct care, we must have the following information on file ... In Indiana we must apply for a copy of the Nurse Aide registry report from the Indiana Department of Health within 3 business days of the date of hire."</p> <p>6. The agency policy titled "Job Descriptions" with effective date of 11/30/90 stated, "Job descriptions are prepared to ensure the basic duties and requirements of all jobs are specified in an accurate, up-to-date format. ... Support Services Human Resources keeps all job descriptions on file."</p> <p>7. On 4/10/14 at 12:25 PM, the human resources staff indicated the above personnel files were incomplete.</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED</p>		<p>review. This compliance process will be under the direct supervision of the Director of Operations, with oversight of the Regional Clinical Manager and Regional Vice President.</p>				

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	<p>SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure treatments had been provided in accordance with physician orders in 1 of 12 records (7) reviewed creating the potential to affect all of the agency's current patients.</p> <p>The findings</p> <ol style="list-style-type: none"> 1. Clinical record #7 included a plan of care established by the physician for the certification period 1/31/14 - 3/31/14 that failed to include orders for vital signs to be completed at skilled nurse visits every other week. 2. Skilled nurse visit notes, dated 2/11/14, 2/19/14, 2/21/14, 2/23/14, 2/25/14, 3/7/14, 3/17/14, and 3/27/14, included vital signs assessment and pain assessments, which were not ordered on the plan of care for this certification period. 3. On 4/10/14 at 4:10 PM, the director of nursing indicated the plan of care was not followed at these visits. 4. The agency policy titled "Plan of care and Physician Orders" with a revision date of 4/28/08 stated, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending / treating physician and to provide our clients with services and care consistent with their plan of care." 	G000158	G 158 Mandatory in-service for all Professional staff was held on 4/23/14 by the Director of Clinical Services (DCS) and Regional Clinical Manager regarding Policy #33.24 Plan of Care and Physicians Orders. Education packets mailed on 4/24/14 to all Professional staff that were unable to attend the in-service. Patient #7- Physician order was received on 4/23/14 regarding skilled nursing assessment and pain. To ensure compliance with above polices and procedures the DCS or designee with conduct 4 random chart reviews per month to monitor plan of care and ordered services for 3 months starting the week of 4/28/14 and then ongoing as part of the agency quarterly quality monitor. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President.	05/10/2014

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G000179	<p>484.30(b) DUTIES OF THE LICENSED PRACTICAL NURSE The licensed practical nurse furnishes services in accordance with agency policy.</p> <p>Based on observation, interview, and review of policy, the agency failed to ensure the licensed practical nurse provided care in accordance with agency policies in 1 of 1 home visit observations (patients #5) with a licensed practical nurse (D) with the potential to affect any patients cared for by this employee.</p> <p>The findings include</p> <p>1. On 4/9/14 at 2:45 PM, Employee D, licensed practical nurse, was observed to visit patient #5 for a wound dressing change. With gloved hands, Employee D was observed to remove the dressing from a wound on the scalp area of patient #5 by using normal saline from an already opened 1 liter bottle of normal saline. This bottle was observed to have approximately 300 cubic centimeters of saline left in it. There was no label to show when this bottle had been opened and by whom. After the dressing was removed and discarded, the nurse failed to remove her gloves before cleansing this wound. She then applied a new dressing to this wound and taped the dressing into place. Employee D also changed the patient's left foot dressing after removing the old dressing. She used these scissors to remove the old dressing and then proceeded to use the scissors to cut the unaboot package prior to using the unaboot dressing as part of the left</p>	G000179	<p>G 179 Mandatory in-service for all Nursing Staff on 4/23/14 by the Director of Clinical Services and Regional Clinical Manager regarding Policy #33.39 Standard Universal Precautions, Policy #33.900 Hand Hygiene, Policy #33.727 Preventing Contamination of Solutions & Policy #33.08 Nursing Services. Return demonstration of appropriate hand hygiene techniques was included. Education packets mailed on 4/24/14 to all Nursing staff that were unable to attend the in-service. Return demonstration of hand hygiene is being individually scheduled with staff who are unable to attend. Patient # 5- On 4/11/14 the opened 1 Liter Normal Saline bottle was discarded, replaced with new bottle of Normal Saline that was labeled per policy. To ensure compliance with above policies and procedures the DCS or designee will conduct 4 home visits per month for 3 months starting the week of 4-28-14 and then ongoing as part of the agency quarterly quality monitoring. This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and</p>	05/10/2014	

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	<p>1. dressing application.</p> <p>2. At 4/9/14 at 4:20 PM, the director of nursing indicted infection control concerns were present at the above visit and the policies weren't followed.</p> <p>3. The agency policy titled "Standard [Universal] Precautions" with a date of 4/3/14 stated, "A consistent approach to reducing the risks of transmitting potential infectious organisms is essential."</p> <p>4. The agency policy titled "Hand hygiene" with a revision date of 2/11/14 stated, "Hand hygiene is performed by all associates to maintain cleanliness of their hands and to prevent cross - contamination and the spread of infection. Hand hygiene is performed before and after direct patient contact, selecting either handwashing with soap and water or use of an alcohol based hand rub ... Hand hygiene is performed ... before and after direct patient contact, even if the hands appear clean ... before re - entering caregiver supplies, i.e. [for example, nursing bag, laptop, or patient's clean supplies ... after removing gloves ... Handwashing process either non - antimicrobial or plain soap will work for routine cleaning ... wet hands with water ... if appropriate hand washing facility or supplies or unavailable, use hand sanitizer followed by handwashing as soon as feasible. Use of alcohol based hand rub ... apply enough alcohol - based hand sanitizer to cover the entire surface of the hands and fingers ... the alcohol - based hand sanitizer should come into contact with all surfaces of the hand."</p> <p>5. The agency policy titled "Preventing contamination of solutions" with an effective</p>		Regional Vice President.	

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N000000	<p>date of 12/9/05 stated, "Frequent access of an open container or vial can increase the possibility of contamination of the solution. In order to decrease this possibility, precautions to decrease the possibility should be taken by the home care nurse or pharmacist and an expiration date should be placed on the opened container or vial."</p> <p>6. The agency policy titled "Nursing Service" with a revision date of 4/30/07 stated, "The licensed practical nurse ... prepares equipment and materials for treatments while observing aseptic technique."</p>	N000000		
N000447	<p>This visit was for a home health state licensure survey.</p> <p>Survey dates: 4/8/14 - 4/11/14</p> <p>Facility #: IN005284</p> <p>Medicaid #: 100263660A</p> <p>Surveyors: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census for past year: 734 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 16, 2014 410 IAC 17-12-1(c)(4) Home health agency administration/management Rule 12 Sec. 1(c)(4) The administrator, who may also be the supervising physician or registered nurse required by subsection</p>			

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N000458	<p>(d), shall do the following: (4) Ensure the accuracy of public information materials and activities.</p> <p>Based on web site review and interview, the administrator failed to ensure the public information website was accurate for 1 of 1 agency with the potential to affect all future patients.</p> <p>Findings</p> <p>1. The agency website failed to include the current names of the administrator and director of nursing. A past administrator and past director of nursing were listed on the web site. The website address was http://www.americannursingcare.com/Branch.aspx?id=Columbus.</p> <p>2. On 4/11/14 at 10:50 AM, the regional operations manager indicated the website of the agency included the name of a past employee who did not work for the agency at this time.</p> <p>410 IAC 17-12-1(f) Home health agency administration/management Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following: (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history</p>	N000447	<p>N447 Update of agency website was completed on 4/22/14. The website will be reviewed and revised when changes in Administration occur. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President.</p>	04/22/2014

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	<p>pursuant to IC 16-27-2.</p> <p>(4) A copy of current license, certification, or registration.</p> <p>(5) Annual performance evaluations.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure the personnel policies were followed in 2 of 14 personnel records reviewed (File I and K) of employees with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Personnel file I, Occupational Therapist, date of hire 7/8/13 and first patient contact 7/8/13, included a job description signed by Employee I on 9/17/13. There was no earlier signed job description in the file.</p> <p>2. Personnel file K, Home health aide, date of hire 1/22/14 and first patient contact 2/4/14, failed to include a home health aide registration.</p> <p>3. The agency policy titled "Hiring Process - Direct Caregivers" with a revised date of 10/12/10 stated, "Before providing direct care, we must have the following information on file ... In Indiana we must apply for a copy of the Nurse Aide registry report from the Indiana Department of Health within 3 business days of the date of hire."</p> <p>4. The agency policy titled "Job Descriptions" with effective date of 11/30/90 stated, "Job descriptions are prepared to ensure the basic duties and requirements of all jobs are specified in an accurate, up-to-date format. ... Support Services Human Resources keeps all job descriptions on file."</p>	N000458	<p>N458 The Employment Coordinator was serviced on 4/23/14 on the hiring process specific to Job description to include Policy #32.88 Hiring Process Direct Care Giver & Policy #32.05 Job Descriptions. Personnel file K- Registration for the Home Health Aide was completed on 4/14/14. Employment Coordinator will review all new hires against the first date of patient contact To ensure compliance with the above policies the Director of Operations or designee will conduct 3 random employee record reviews per month to monitor Home Health Aides are on Registry, physicals are conducted within 180 days of hire and job descriptions are signed and dated for 3 months starting week of 4/28/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of Operations, with oversight of the Regional Clinical Manager and Regional Vice President.</p>	05/10/2014

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N000462	<p>5. On 4/10/14 at 12:25 PM, the human resources staff indicated the above personnel files were incomplete. 410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure the employees had a physical exam within 180 days of first patient contact in 2 of 14 personnel records reviewed (File I and L) of employees with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Personnel file I, Occupational Therapist, date of hire 7/8/13 and first patient contact 7/8/13, included a completed physical examination on 10/11/13, after the employee's date of hire and first patient contact.</p> <p>2. Personnel file L, Home Health Aide, date of hire 4/23/13 and first patient contact 5/7/13, failed to include a physical examination completed within 180 days of the first patient contact.</p>	N000462	N462 The Employment Coordinator was inserviced on 4/23/14 on Policy #32.120 Employment Physicals and Policy #32.88 Hiring Process Direct Care Giver. Employment Coordinator will review all new hires against the first date of patient contact. To ensure compliance with the above policies the Director of Operations or designee will conduct 3 random employee record reviews per month to monitor physicals are conducted within 180 days before the date of direct patient contact for 3 months starting week of 4/28/14 and then ongoing as part of the agency quarterly review. This compliance process will be under the direct supervision of the Director of Operations, with oversight of the Regional Clinical Manager and Regional Vice President.	

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N000470	<p>3. The agency policy titled "Employment physicals" with an original date of 4/29/10 stated, "All associates involved in direct patient care must be evaluated by a physician or nurse practitioner to determine if the associate is free from communicable disease. Associates are not permitted to provide care until the results have been received ... In Indiana the recent health examination must have been completed within the past 6 months."</p> <p>4. On 4/10/14 at 12:25 PM, the human resources staff indicated that the above personnel files were incomplete. 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 observation, interview, and review of policy, the agency failed to ensure its staff had provided services in accordance to professional standards in 3 of 6 home visit observations (patients #2, #5, and #6) with the potential to affect any patients cared for by Employees B, D, and G.</p> <p>The findings include</p> <p>1. On 4/9/14 at 9:35 AM, Employee B, Registered Nurse, was observed to visit patient #2 for a wound vac dressing change. Employee B was observed to be wearing gloves and to use scissors to cut strips of adhesive cover. These scissors had not</p>	N000470	N470 Mandatory in-service for all Professional and Para professional staff were held on 4/23/14 by the Director of Clinical Services (DCS) and Regional Clinical Manager regarding the following policies: Policy #33.39 Standard Universal Precautions, Policy #33.900 Hand Hygiene Policy, Policy #33.727 Preventing Contamination of Solutions & Policy #33.08 Nursing Services. Return demonstration of appropriate hand hygiene technique included. Education packets mailed 4/24/14 to all Professional and Paraprofessional staff that were unable to attend the in-service.	

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	<p>been disinfected. After cutting strips of adhesive, the nurse was observed to place the scissors onto a green towel placed under the patient's buttocks area and then to touch the trash can with the left gloved hand. She was observed to take this glove off. She did not wash her hand and donned a new glove onto the left hand. She then washed the wound area on the coccyx with a saline wound wash. She then used skin prep around this wound area. She removed her gloves and washed her hands with a microbial hand gel. She obtained supplies from a supply box, including a wound vac dressing package, and placed this onto the towel under the patient's buttocks area. She took her gloves off and donned new gloves without washing her hands. She cut the black foam piece for application to the wound into one strip and placed the scissors back onto the towel. She did not disinfect the scissors. The black foam was then placed onto the wound bed and the dressing procedure was completed.</p> <p>2. On 4/9/14 at 2:45 PM, Employee D, licensed practical nurse, was observed to visit patient #5 for a wound dressing change. With gloved hands, Employee D was observed to remove the dressing from a wound on the scalp area of patient #5 by using normal saline from an already opened 1 liter bottle of normal saline. This bottle was observed to have approximately 300 cubic centimeters of saline left in it. There was no label to show when this bottle had been opened and by whom. After the dressing was removed and discarded, the nurse failed to remove her gloves before cleansing this wound. She then applied a new dressing to this wound and taped the dressing into place. Employee D also changed the patient's left</p>		Return demonstration of hand hygiene is being individually scheduled with staff unable to attend. Patient # 5- On 4/11/14 the opened 1 Liter Normal Saline bottle was discarded, replaced with new bottle of Normal Saline that was labeled per policy To ensure compliance with above polices and procedures the DCS or designee with conduct 4 home visits a month for 3 months starting the week of 4/28/14 and then ongoing as part of the agency quarterly quality monitor. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President		

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	<p>foot dressing after removing the old dressing. She used these scissors to remove the old dressing and then proceeded to use the scissors to cut the unboot package prior to using the unboot dressing as part of the left dressing application.</p> <p>3. On 4/9/13 at 3:20 PM, Employee G, physical therapy assistant, was observed to visit patient #6 for a physical therapy visit. During this visit, Employee G was observed to wash hands at the patient's sink and then don gloves. He completed exercises from the patient's home exercise program and then used his laptop computer. He then gelled his gloved hands and took the patient's blood pressure. He returned the blood pressure cuff to the bag after disinfecting the cuff with a disinfectant wipe. He then washed his gloved hands with gel. He took the patient's temperature with a oral thermometer to which he applied a protective sleeve. He obtained the patient's radial pulse on the left wrist with his gloved hands. He removed the thermometer and discarded the sleeve and returned the oral thermometer into his equipment bag. He gelled his gloved hands again and assisted the patient to walk using the patient's walker. He removed his gloves and washed his hands.</p> <p>4. At 4/9/14 at 4:20 PM, the director of nursing indicted infection control concerns were present at the above visits.</p> <p>5. The agency policy titled "Standard [Universal] Precautions" with a date of 4/3/14 stated, "A consistent approach to reducing the risks of transmitting potential infectious organisms is essential."</p> <p>6. The agency policy titled "Hand hygiene"</p>			

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	<p>with a revision date of 2/11/14 stated, "Hand hygiene is performed by all associates to maintain cleanliness of their hands and to prevent cross - contamination and the spread of infection. Hand hygiene is performed before and after direct patient contact, selecting either handwashing with soap and water or use of an alcohol based hand rub ... Hand hygiene is performed ... before and after direct patient contact, even if the hands appear clean ... before re - entering caregiver supplies, i.e. [for example, nursing bag, laptop, or patient's clean supplies ... after removing gloves ... Handwashing process either non - antimicrobial or plain soap will work for routine cleaning ... wet hands with water ... if appropriate hand washing facility or supplies or unavailable, use hand sanitizer followed by handwashing as soon as feasible. Use of alcohol based hand rub ... apply enough alcohol - based hand sanitizer to cover the entire surface of the hands and fingers ... the alcohol - based hand sanitizer should come into contact with all surfaces of the hand."</p> <p>7. The agency policy titled "Preventing contamination of solutions" with an effective date of 12/9/05 stated, "Frequent access of an open container or vial can increase the possibility of contamination of the solution. In order to decrease this possibility, precautions to decrease the possibility should be taken by the home care nurse or pharmacist and an expiration date should be placed on the opened container or vial."</p> <p>8. The agency policy titled "Nursing Service" with a revision date of 4/30/07 stated, "Nurses will exercise prudence in practice, maintain a professional manner, and comply with all local, state, and federal rules and</p>			

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N000494	<p>regulations; accreditation boards; policies and procedures ... The licensed practical nurse ... prepares equipment and materials for treatments while observing aseptic technique."</p> <p>410 IAC 17-12-3(a)(1)&(2) Patient Rights Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: (1) Provide the patient with a written notice of the patient's right: (A) in advance of furnishing care to the patient; or (B) during the initial evaluation visit before the initiation of treatment. (2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on home visit observation, clinical record review, interview, and review of agency documents and policies, the agency failed to protect the right of dignity and personal privacy for 1 of 1 home visit observation (patient #3) with a home health aide with the potential to affect all the patients receiving care from Employee L.</p> <p>Findings</p> <p>1. On 4/9/14 at 11:18 AM, Employee L, Home Health Aide, was observed to give a bed bath to patient #3. While Employee L washed the patient, the patient was not draped for privacy for approximately 7 minutes.</p>	N000494	N494 Mandatory in-service for all Professional/Paraprofessional staff were held on 4/23/14 by the Director of Clinical Services (DCS) and the Regional Clinical Manager. Education on Policy #33.03 Patient Bill of Rights and Patient Orientation Booklet specific to Patient Rights and Dignity. Education packets mailed 4/24/14 to all Professional and Paraprofessional staff that were unable to attend the in-service To ensure compliance with above polices and procedures the DCS or designee with conduct 4 home visits a month for 3 months starting the week of 4/28/14 and then ongoing	

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N000522	<p>2. Clinical record #3, start of care 7/30/11, contained a document titled "Admission consent." This document was signed by the patient on 7/30/11 and evidenced the patient had received the patient rights and responsibilities.</p> <p>3. The agency document titled "Patient Orientation for Home care services" with no effective date stated, "Section II: Your Rights and responsibilities ... As a home care provider, we have an obligation to protect your rights ... You have the right to personal privacy and security during home visits ... and the patient has the right to be as follows ... treated with dignity."</p> <p>4. On 4/9/14 at 11:45 PM, the director of nursing indicated the home visit with patient #3 failed to provide the patient with personal privacy and to show the patient was treated with dignity.</p> <p>5. The agency policy titled "Bill of Rights / responsibilities" with a revision date of 12/2/11 stated, "Staff members implement the client bill of rights / responsibilities to promote the client's interest and well being." 410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record and agency policy review and interview, the agency failed to ensure treatments had been provided in accordance with physician orders in 1 of 12</p>	N000522	<p>as part of the agency quarterly quality monitor. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President</p> <p>N522 Mandatory in-service for all Professional staff was held on 4/23/14 by the Director of Clinical Services (DCS) and Regional Clinical Manager regarding Policy #33.24 Plan of Care and</p>				

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N000553	<p>records (7) reviewed creating the potential to affect all of the agency's current patients.</p> <p>The findings</p> <ol style="list-style-type: none"> 1. Clinical record #7 included a plan of care established by the physician for the certification period 1/31/14 - 3/31/14 that failed to include orders for vital signs to be completed at skilled nurse visits every other week. 2. Skilled nurse visit notes, dated 2/11/14, 2/19/14, 2/21/14, 2/23/14, 2/25/14, 3/7/14, 3/17/14, and 3/27/14, included vital signs assessment and pain assessments, which were not ordered on the plan of care for this certification period. 3. On 4/10/14 at 4:10 PM, the director of nursing indicated the plan of care was not followed at these visits. 4. The agency policy titled "Plan of care and Physician Orders" with a revision date of 4/28/08 stated, "The goal of the organization is to develop an individualized plan of care for every client in conjunction with their attending / treating physician and to provide our clients with services and care consistent with their plan of care." 410 IAC 17-14-1(a)(2)(A) Scope of Services Rule 14 Sec. 1(a) (2) For purposes of practice in the home health setting, the licensed practical nurse shall do the following: (A) Provide services in accordance with agency policies. 	N000553	Physicians Orders. Education packets were mailed on 4/24/14 to all Professional/Paraprofessional staff that were unable to attend the in-service. Patient #7- Physician order was received on 4/23/14 regarding skilled nursing assessment and pain. To ensure compliance with above polices and procedures the DCS or designee with conduct 4 random chart reviews per month to monitor plan of care and ordered services for 3 months starting the week of 4/28/14 and then ongoing as part of the agency quarterly quality monitor. This compliance process will be under the direct supervision of the Director of Operations with oversight of the Regional Clinical Manager and Regional Vice President.	04/24/2014			

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	<p>Based on observation, interview, and review of policy, the agency failed to ensure the licensed practical nurse provided care in accordance with agency policies in 1 of 1 home visit observations (patients #5) with a licensed practical nurse (D) with the potential to affect any patients cared for by this employee.</p> <p>The findings include</p> <ol style="list-style-type: none"> 1. On 4/9/14 at 2:45 PM, Employee D, licensed practical nurse, was observed to visit patient #5 for a wound dressing change. With gloved hands, Employee D was observed to remove the dressing from a wound on the scalp area of patient #5 by using normal saline from an already opened 1 liter bottle of normal saline. This bottle was observed to have approximately 300 cubic centimeters of saline left in it. There was no label to show when this bottle had been opened and by whom. After the dressing was removed and discarded, the nurse failed to remove her gloves before cleansing this wound. She then applied a new dressing to this wound and taped the dressing into place. Employee D also changed the patient's left foot dressing after removing the old dressing. She used these scissors to remove the old dressing and then proceeded to use the scissors to cut the unboot package prior to using the unboot dressing as part of the left dressing application. 2. At 4/9/14 at 4:20 PM, the director of nursing indicted infection control concerns were present at the above visit and the policies weren't followed. 3. The agency policy titled "Standard 		<p>the Director of Clinical Services and Regional Clinical Manager regarding Policy #33.39 Standard Universal Precautions, Policy #33.900 Hand Hygiene, Policy #33.727 Preventing Contamination of Solutions & Policy #33.08 Nursing Services. Return demonstration of appropriate hand hygiene technique was included.</p> <p>Education packets were mailed on 4/24/14 to all Professional and Paraprofessional staff that were unable to attend the in-service. Return demonstration of hand hygiene is being individually scheduled with staff who are unable to attend.</p> <p>Patient # 5- On 4/11/14 the opened 1 Liter Normal Saline bottle was discarded, replaced with new bottle of Normal Saline that was labeled per policy.</p> <p>To ensure compliance with above policies and procedures the DCS or designee will conduct 4 home visits per month for 3 months starting the week of 4-28-14 and then ongoing as part of the agency quarterly quality monitoring.</p> <p>This compliance process will be under the direct supervision of the Director of Operations with oversight by the Regional Clinical Manager and Regional Vice President.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2014
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NAME OF PROVIDER OR SUPPLIER AMERICAN NURSING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4550 MIDDLE RD STE C COLUMBUS, IN 47203
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	<p>[Universal] Precautions" with a date of 4/3/14 stated, "A consistent approach to reducing the risks of transmitting potential infectious organisms is essential."</p> <p>4. The agency policy titled "Hand hygiene" with a revision date of 2/11/14 stated, "Hand hygiene is performed by all associates to maintain cleanliness of their hands and to prevent cross - contamination and the spread of infection. Hand hygiene is performed before and after direct patient contact, selecting either handwashing with soap and water or use of an alcohol based hand rub ... Hand hygiene is performed ... before and after direct patient contact, even if the hands appear clean ... before re - entering caregiver supplies, i.e. [for example, nursing bag, laptop, or patient's clean supplies ... after removing gloves ... Handwashing process either non - antimicrobial or plain soap will work for routine cleaning ... wet hands with water ... if appropriate hand washing facility or supplies or unavailable, use hand sanitizer followed by handwashing as soon as feasible. Use of alcohol based hand rub ... apply enough alcohol - based hand sanitizer to cover the entire surface of the hands and fingers ... the alcohol - based hand sanitizer should come into contact with all surfaces of the hand."</p> <p>5. The agency policy titled "Preventing contamination of solutions" with an effective date of 12/9/05 stated, "Frequent access of an open container or vial can increase the possibility of contamination of the solution. In order to decrease this possibility, precautions to decrease the possibility should be taken by the home care nurse or pharmacist and an expiration date should be placed on the opened container or vial."</p>			

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	6. The agency policy titled "Nursing Service" with a revision date of 4/30/07 stated, "The licensed practical nurse ... prepares equipment and materials for treatments while observing aseptic technique."			