

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157104	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER HOPE HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2316 E SR 14 ROCHESTER, IN 46975		
(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 Home Health federal re-certification survey. This was a partial extended survey.</p> <p>Survey Date: 11/02/12 to 11/08/12</p> <p>Facility #: 005301</p> <p>Medicare #: 157104</p> <p>Medicaid #: 100263850A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Unduplicated Skilled Admission Census: 183</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 13, 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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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. Based on clinical record review and interview, the agency failed to ensure the aide care plan was reviewed and updated by a registered nurse with each plan of care in 1 of 8 records reviewed of patients receiving home health aide services with the potential to affect all the agency's patients who receive home health aide services. (#6)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #6, start of care 12/31/2010, contained a "Care Plan" for the home health aide dated 7-1-11 that was last reviewed by the registered nurse (employee F) on 8/25/12. 2. On 11/8/12 at 1:15 PM, Employee A indicated the last review of the aide care plan for patient #6 was 8/25/12 and the registered nurse must have forgotten to review the aide care plan with the new plan of care for the certification period of 10/24/12 to 12/22/12. 	G0224	The Chief Clinical Officer will in-service nursing staff and home health aide staff that written patient instructions for the home health aide must be prepared by the Registered Nurse who is responsible for the supervision of the home health aide. 10% of clinical records of patients receiving home health aide services will be audited quarterly for evidence that written patient instructions were prepared for the home health aide by the RN who is responsible for the supervision of the home health aide. The Administrator of Hope Home Care will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not reoccur.	11/28/2012			

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N0000	<p>This was a Home Health state re-licensure survey.</p> <p>Survey Date: 11/02/12 to 11/08/12</p> <p>Facility #: 005301</p> <p>Medicare #: 157104</p> <p>Medicaid #: 100263850A</p> <p>Surveyor: Tonya Tucker, RN, PHNS</p> <p>Unduplicated Skilled Admission Census: 183</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p style="text-align: center;">November 13, 2012</p>	N0000		
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N0458	<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 pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations.</p> <p>Based on personnel file review and interview, the agency failed to ensure a receipt of job description was included in personnel records for 1 of 7 employees with the potential to affect all the agency's patients. (employee I)</p> <p>Findings include:</p> <p>1. Personnel record I, date of hire 1/11/2012, evidenced a document titled "Hope Hospice, Inc Job description JOB TITLE: Staff Nurse-Home Health Care." The document did not include a fourth page, which is the confirmation of receipt with a signature and date by employee I.</p>	N0458	The Hope Home Care Administrator will inservice human resource staff and clinical care director that personnel records of employees shall be kept current and shall include a signed and dated receipt of job description. 1/3 of all employee new hires in the quarter will have personnel records audited to ensure that all documentation is present, including a signed and dated job description. (100% of files will be audited if # of employees is less than 3.)The Hope Home Care Administrator will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not reoccur.	11/30/2012			

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	2. On 11/8/12 at 11:45 AM, employee J indicated the personnel record did not contain a fourth page of the job description, which is the signature and date page, for employee I.			

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N0462	<p>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 record review and interview, the agency failed to ensure each employee with direct patient contact had a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee had direct patient contact for 1 of 7 employees with the potential to affect all the agency's patients. (employee I)</p> <p>Findings include:</p> <p>1. Personnel record I, date of hire 1/11/12, evidenced a document titled "Physical Examination Record" that was not completed. The record contained a document titled "Pre-Employment Health Survey/Immunization Status Name: [employee's name]" which included the question "Do you have contact with patients?" The employee answered</p>	N0462	The Hope Home Care Administrator will inservice human resource staff and clinical care director that each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than 180 days before the date that the employee has direct patient contact. The physical examiner shall be a sufficient scope to ensure that the employee will not spread infections or communicable disease to patients. 1/3 of all employee new hires in the quarter will have personnel records audited to ensure that all documentation is present including a physical examination by a physician or nurse practitioner no more than 180 days before the date the employee has direct patient contact. (100% of files will be audited if # of employees is less than 3.)The Hope Home Care Administrator will be responsible for monitoring these corrective	11/30/2012	

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	<p>"Yes" and checked the box next to "Face to Face". The document included the employee's signature and date of 1/10/12.</p> <p>2. On 11/8/12 at 11:50 AM, employee J indicated employee I did not have the physical performed and there was no proof in the employee's personnel record of the employee having a physical previous to hire.</p>		actions to ensure this deficiency is corrected and will not reoccur.	

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N0464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on</p>						

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	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel record review and interview, the home health agency failed to ensure all employees having direct patient contact had a negative Mantoux (PPD test) within the previous 12 months or a two step PPD upon hire in 1 of 7 employee files reviewed with the potential to affect all the agency's patients. (employee I)</p> <p>Findings include:</p> <ol style="list-style-type: none"> Personnel record I, date of hire 1/11/12, evidenced a document dated 1/10/12 and titled "Record of Tuberculin Skin Test" with a "Date read" as 1-13-12. The record failed to evidence a negative test within the previous 12 months or the second step of the two step process. On 11/8/12 at 11:47 AM, employee J indicated the record only contained evidence the employee had the first step 	N0464	The Hope Home Care Administrator will inservice the human resource staff, clinical care director and clinical care director alternate that the home health agency shall ensure that all employees, staff members, persons providing care on behalf of agency and its contractors having direct patient contact are evaluated for tuberculosis as listed in 410 IAC 17-12-1(i). 10% of personnel files will be audited yearly for evidence that all staff working for the agency or working on behalf of the agency has had negative findings on a TB examination within the previous 12 months as defined by 410 IAC 17-12-1(i). 1/3 of all employees new hires in a quarter will have personnel records audited to ensure that all documentation is present including evidence of a negative two step tuberculosis skin test or one negative tuberculosis skin test with evidence of a tuberculin skin test that had a negative result in the last 12 months (100% of files will	11/30/2012	

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	of a two-step tuberculin skin test.		be audited if the # of new employees is less than 3.)The Administrator of Hope Home Care will be responsible for monitoring the corrective actions to ensure this deficiency is corrected and will not reoccur.		

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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 review and interview, the agency failed to ensure the aide care plan was reviewed and updated by a registered nurse with each plan of care in 1 of 8 records reviewed of patients receiving home health aide services with the potential to affect all the agency's patients who receive home health aide services. (#6)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #6, start of care 12/31/2010, contained a "Care Plan" for the home health aide dated 7-1-11 that was last reviewed by the registered nurse (employee F) on 8/25/12. 2. On 11/8/12 at 1:15 PM, Employee A indicated the last review of the aide care plan for patient #6 was 8/25/12 and the registered nurse must have forgotten to review the aide care plan with the new plan of care for the certification period of 10/24/12 to 12/22/12. 	N0550	The Chief Clinical Officer will inservice nursing staff that the registered nurse shall do the following: Delegate duties and tasks to individuals as appropriate, and such delegated tasks will require review, updates and oversight. 10% of clinical records of patients receiving home health aide services will be audited quarterly for evidence that delegated duties and tasks are appropriate and such delegated tasks are reviewed, updated and have oversight. The Administrator of Hope Home Care will be responsible for monitoring these corrective actions to ensure this deficiency is corrected and will not reoccur.	11/28/2012			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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