

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

PRINTED: 08/07/2019  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |   |                      |   |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>15K081</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>07/22/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW HORIZONS HOME HEALTHCARE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>703 W CHAPEL PIKE</b><br><b>MARION, IN 46952</b>                    |                      |   |
| (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 |   |
| G 000   | <p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State Licensure Survey in conjunction with an investigation of four (4) complaints.</p> <p>Survey Dates: 7/15, 7/16, 7/17, 7/18, 7/19 and 7/22/19</p> <p>Facility Number: IN0012691<br/>Provider Number: 15K081<br/>Medicaid Number: 20105850</p> <p>Complaint # IN00232569: Unsubstantiated, Lack of sufficient evidence<br/>Complaint # IN00268066: Unsubstantiated, Lack of sufficient evidence<br/>Complaint # IN00223167: Unsubstantiated, Lack of sufficient evidence<br/>Complaint # IN00235910: Substantiated, No Federal or State deficiencies were cited.</p> <p>Census Service Type:<br/>Skilled: 62<br/>Home Health Aide Only: 41<br/>Personal Care Only: 18<br/>Total: 121</p> <p>Sample:<br/>RR w/HV: 3<br/>RR w/o HV: 5<br/>Total: 8</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 17.</p> <p>Quality Review completed: 08/05/19</p> | G 000   |   |                      |   |
| G 682   | Infection Prevention  | G 682   |   |                      |   |

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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| G 682   | <p>Continued From page 1<br/>CFR(s): 484.70(a)</p> <p>Standard: Infection Prevention.<br/>The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.<br/>This STANDARD is not met as evidenced by:<br/>Based on observation, record review and interview, the agency failed to ensure staff followed infection control policies and procedures for 1 of 3 home visit observations (patient # 3).</p> <p>Findings include:</p> <p>The agency's undated policy titled "Handwashing/ Hand Hygiene," # D-330, stated "Policy ... In an effort to reduce the risk for infection in clients and staff members, thorough hand washing/ hand antisepsis is required of all employees ... Special Instructions ... 3. Indications for hand washing and hand antisepsis ... c. when there is prolonged or intense contact with the client (bathing the client); d. between tasks on the same client ... f. after removing gloves; g. after touching objects that are potentially contaminated ... l. before eating, drinking, handling food or serving food ... q. decontaminate hands after contact with inanimate objects including equipment in the immediate vicinity of the client ... [and] decontaminate hands after removing gloves ... Hand Hygiene Technique ... 2. When washing hands with soap and water, wet hands first, apply an amount of product recommended by the manufacturer to hands and rub together for at least 20 seconds covering all surfaces of hand and fingers ... a. rinse hands with water and dry thoroughly with a disposable towel ... 3. Multiple use cloth towels are not recommended for use in</p> | G 682   |   |                      |   |

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| G 682   | Continued From page 2<br>health care settings ...."<br><br>During a home visit observation with patient # 3, the home health aide (employee E) was observed washing hands less than 20 seconds on 4 occasions; failed to wash hands after pulling lip gloss out of scrub pocket while preparing a meal for the patient; failed to don gloves prior to taking the trash outside to the trash can; and failed to use paper towels to dry hands after washing, and instead used patient's dirty wet towel used to dry patient after the aide showered patient.<br><br>In an interview on 7/17/19 at 2:38 PM, employee E stated the agency's handwashing policy is "20 seconds, up and down your arm."<br><br>In an interview on 7/18/19 at 3:25 PM, the director of nursing state they had "just finished going over handwashing technique during an inservice." | G 682   |   |                      |   |
| G 710   | 410 IAC 17-12-1(m)<br>Provide services in the plan of care<br>CFR(s): 484.75(b)(3)<br><br>Providing services that are ordered by the physician as indicated in the plan of care;<br>This ELEMENT is not met as evidenced by:<br>Based on clinical record review and interview, the skilled nurse failed to notify the physician of elevated blood sugars as ordered per the plan of care for 1 of 5 clinical records reviewed for patients with a diagnosis of diabetes type 2 in a universe of 8 clinical records reviewed. (#1)<br><br>Findings include:  | G 710   |   |                      |   |

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| G 710   | <p>Continued From page 3</p> <p>The agency's undated policy titled "Plan of Care," # C-580, stated "Purpose ... to provide guidelines for agency staff to develop a plan of care individualized to meet specific identified needs ... Special Instructions ... the plan of care shall be completed in full to include ... medications, treatments, and procedures ...."</p> <p>The agency's undated policy titled "Physician Orders," # C 635 Addendum, stated "Policy ... All medications, treatments and services provided to clients must be ordered by a physician. Procedure ... visits should only be missed for adequate reasons and not for staff convenience ... a missed visit which cannot be rescheduled shall be documented and communicated to the physician ... the patient and/or patient representative must also be notified ... this is documented on the clinical note or communication note also with the rationale for missing the visit. (It is a violation of the patient's rights to alter the plan of care without notification.)"</p> <p>The clinical record for patient #1 was reviewed on 7/15/19. The start of care date was 6/12/19 with diagnoses of diabetes mellitus type 2; surgical procedure; chronic obstructive pulmonary disease and blind right eye. The certification period reviewed was 6/12/19 - 8/10/19. The plan of care (POC) listed a Humalog sliding scale order that stated for glucose level of 351 - 400 give 10 units and call the physician.</p> <p>On 6/23/19, 6/26/19 and 6/28/19, two different nurses documented glucose levels of 380, 398, and 356. Each time the nurse documented administering 10 units of Humalog insulin per sliding scale order, but failed to document that the</p> | G 710   |   |                      |   |

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| G 710   | Continued From page 4<br>physician was notified as ordered in the POC.  | G 710   |   |                      |   |
| G1014   | <p>In an interview on 7/18/19 at 3:25 PM, the director on nursing stated that if a physician was contacted there would be a communication note completed or it would be documented in the charting.</p> <p>410 IAC 17-14-1(a)(1)(H)<br/>Interventions and patient response<br/>CFR(s): 484.110(a)(2)</p> <p>All interventions, including medication administration, treatments, and services, and responses to those interventions;<br/>This ELEMENT is not met as evidenced by:<br/>Based on clinical record review, the skilled nurse failed to ensure they rechecked glucose levels to ensure desired levels were achieved for 1 of 5 clinical records reviewed for patients with a diagnosis of diabetes type 2 in a universe of 8 clinical records reviewed.</p> <p>Findings include:</p> <p>The clinical record for patient #1 was reviewed on 7/15/19. The start of care date was 6/12/19 with diagnoses of diabetes mellitus type 2; surgical procedure; chronic obstructive pulmonary disease and blind right eye. The certification period reviewed was 6/12/19 - 8/10/19. The plan of care (POC) listed a Humalog sliding scale order that stated for glucose level of 351 - 400 give 10 units and call the physician.</p> <p>On 6/23/19, 6/26/19 and 6/28/19, two different nurses documented glucose levels of 380, 398, and 356. Each time the nurse documented</p> | G1014   |   |                      |   |

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| G1014   | Continued From page 5<br>administering 10 units of Humalog insulin per sliding scale order, but failed to rechecked glucose levels to ensure the 10 units of Humalog insulin provided the desired results. | G1014   |   |                      |   |