STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K065	A. BUILDING 00 B. WING	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HELP AT HOME SKILLED CARE	3347 N GREEN RIVER RD EVANSVILLE, IN 47715

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	This visit was for a Federal Recertification and State Licensure survey. Survey Dates: October 30, 31, and November 1, and 4, 2019 Facility ID: 012482 Provider #: 15K065 Medicaid #: 201010780 12 Month Unduplicated Admissions: 229 Active Skilled: 57 Active Unskilled: 80 Active census: 137 Sample: 7 records reviewed / 3 home visits 28 OASIS patients/12 months OASIS Validation Reports These deficiencies reflect State Findings cited in accordance with 410 IAC 17.	G 0000		
G 0372 Bldg. 00	Based on record review and interview the agency failed to ensure Outcome Assessment and Information Set (OASIS) data were submitted within 30 days of collection for 5 of 13 patients reviewed from the Evansville Branch (Patients 9, 10, 13, 15, 11) and 11 of 15 patients from the Vincennes Branch who qualified for OASIS data collection. (Patients 12, 14, 16, 18, 19, 17, 20, 21, 22, 23, 24)	G 0372	1.Nursing Supervisors will be in-serviced by the Administrator on the Agency policy "Reporting of OASIS Information" that requires OASIS assessments to be transmitted within 30 days of completion. 2. To prevent the deficient practice	12/03/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Findings include: 1. An undated policy, titled, "Reporting of OASIS Information," was provided by the Evansville Nursing Supervisor on 11/4/19 at 10:00 a.m. The policy indicated, but was not limited to, "2. Agency must encode and have the capability of transmitting OASIS data for each patient within thirty (30) days of completing any required OASIS data set assessment." 2. The 2019 OASIS Agency Final Validation Reports from Evansville were reviewed on 10/30/19 at 11:19 a.m., and indicated the following: Patient 9's OASIS, dated 5/30/19, was submitted on 7/1/19. Patient 10's OASIS, dated 5/4/19, was submitted on 6/10/19. Patient 13's OASIS, dated 1/7/19, was submitted on 3/18/19. Patient 15's OASIS, dated 1/16/19, was submitted on 3/18/19. Patient 11's OASIS, dated 1/23/19, was submitted on 3/7/19. 3. The 2019 OASIS Agency Final Validation Reports from Vincennes were reviewed on 11/1/19 at 2:10 p.m., and indicated the following: Patient 12's OASIS, dated 4/15/19, was submitted on 7/11/19. Patient 14's OASIS, dated 5/22/19, was submitted on 6/25/19.		from reoccurring, the Administrator will audit the OASIS validation reports monthly to ensure the transmissions are within 30 days of the date the assessments were completed. 3. The Administrator will be responsible for ensuring compliance with agency policy.	

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	Patient 16's OASIS, dated 8/9/19, was submitted on 9/12/19. Patient 18's OASIS, dated 8/5/19, was submitted on 9/12/19. Patient 19's OASIS, dated 8/8/19, was submitted on 9/12/19. Patient 17's OASIS, dated 8/9/19, was submitted on 9/12/19. Patient 20's OASIS, dated 8/12/19, was submitted on 9/12/19. Patient 21's OASIS, dated 7/26/19, was submitted on 9/5/19. Patient 22's OASIS, dated 8/1/19, was submitted on 9/5/19. Patient 23's OASIS, dated 7/31/19, was submitted on 9/5/19. Patient 24's OASIS, dated 7/29/19, was submitted on 9/5/19. 4. During an interview on 11/1/19 at 11:25 a.m., the Administrator indicated OASIS submissions are supposed to be submitted within 30 days.			
G 0536 Bldg. 00	Based on observation, record review, and interview, the agency failed to ensure medications were reviewed and the medication profile updated prior to filling the medication planner in the home	G 0536	1. All Nurses will be in-serviced by the Nursing Supervisor on the Agency policy "Medication Preparation" regarding the requirement to compare	12/02/2019

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	for 1 of 2 medication management home visits. (Patient 6) Findings include: An undated policy, titled, "Medication Preparation," was provided by the Administrator on 11/4/19 at 1:11 p.m. The policy indicated, but was not limited to, "2. Staff will utilize appropriate techniques during medication administration...Using appropriate techniques to ensure accuracy, e.g., comparing the medication order with the medication container." During a home visit on 10/31/19 at 11:00 a.m., Employee 2 was observed to fill Patient 6's electronic medication planner. Employee 2 was observed to place the following pill twice per day in the medication cups: Calcium 600 mg (milligram)/Vitamin D3 800 mg. The medication bottle was observed to have a fill date of 10/17/19. Employee 2 was observed to place a week's supply of individual medication cups into the electronic medication planner. Review of the current medication profile, dated 10/8/19, indicated Calcium 600 mg/ Vitamin D3 400 mg by mouth two times daily. A Skilled Nursing Visit Note, dated 10/17/19, and signed by Employee 3, indicated no medication changes. A Skilled Nursing Visit Note, dated 10/24/19, and signed by Employee 2, indicated no medication changes. During an interview on 10/31/19 immediately following the prior observation, Employee 2 indicated they were unaware of the medication		medication orders with the medication container and update medication profile prior to preparing medications. 2. To prevent the deficient practice from reoccurring, the Nursing Supervisor or designee will conduct on-going competency assessments for nurses during their annual review to ensure compliance with agency policy. 3. The Administrator will be responsible for ensuring compliance with the corrective action. The Administrator will audit 10% of the competency assessments quarterly of nurse's due for annual review.	

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	change and did not notice the pill bottle differed from the medication profile. Employee 2 indicated when there was a new or changed medication in the home, they should update the plan of care and medication profile, send an order to the doctor, and bring an updated medication profile back to the patient's home. During a record review on 10/31/19 at 2:55 p.m., Patient 6's Skilled Nursing Visit Notes indicated the following: 410 IAC 17-14-1(a)(1)(B)			
G 0682 Bldg. 00	Based on observation, record review, and interview, the agency failed to ensure clinicians followed infection control procedures and the agency's policy related to equipment technique for 1 of 3 home visit observations. (Patient 5) Findings include: An undated policy, titled, "Nursing Bag Technique," was provided by the Vincennes Nursing Supervisor on 11/1/19 at 2:22 p.m. The policy indicated, but was not limited to, "2. Upon entering the home, place the bag on a clean surface paper towels or plastic bag may be used to create a clean area if indicated. Remove all items which will be needed for the visit. Place items on one of the paper towels." During a home visit observation on 10/31/19 at 12:27 p.m., Employee 6 was observed to perform a nursing visit for Patient 5. Employee 6 was	G 0682	1. The Nursing Supervisor will in-service nurses on agency policy "Exposure Control Plan" which specifies that nursing bag should be placed on a clean surface or a barrier created with paper towels or a plastic bag and items removed from the bag placed on the barrier. 2. To prevent the deficient practice from reoccurring, the Nursing Supervisor or designee will conduct on-going competency assessments for nurses during their annual review to ensure compliance with agency policy. 3. The Administrator will be responsible for ensuring compliance with the corrective action. The Administrator will audit	12/02/2019

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	observed to remove the vital sign equipment from the bag and place directly on Patient 5's kitchen table with no barrier. Employee 6 was observed to use the equipment to assess Patient 5's temperature, blood pressure, and listened to lungs, heart, and abdominal sounds with the stethoscope. During an interview on 11/1/19 at 2:07 p.m., the Administrator indicated staff were supposed to utilize a barrier in the home between the bag/supplies/equipment and the home. 410 IAC 17-12-1(m)		10% of the competency assessments quarterly of nurses due for annual review.	