

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/17/2012	
NAME OF PROVIDER OR SUPPLIER  CROSSROADS HOME CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 100 GROWTH PKWY STE F ANGOLA, IN 46703			
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N0000	<p>This was a Home Health State licensure survey.</p> <p>Survey dates: August 14, 15, 16, and 17, 2012</p> <p>Facility #: 003759</p> <p>Medicaid #: 200462550</p> <p>Patient Sample: Skilled: 5 Home Health Aide Only: 21 Personal Service Only: 65 Unduplicated Skilled Admissions: 49 Total: 91</p> <p>Survey Sample: RR w/HV: 3 RR w/o HV: 2 Total: 5</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 22, 2012</p>			N0000	Plan of correction for Survey dates August 14, 15, 16, and 17, 2012		

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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N0470	<p>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 home visit observation, policy review, and interview, the agency failed to ensure all employees were following infection control guidelines for 1 of 3 home visit observations with the potential to affect all the agency's patients. (#1)</p> <p>Findings include:</p> <p>1. During home visit observation with patient #1 on 8/15/12 at 11:30 AM, employee G, a Home Health Aide (HHA), was observed assisting the patient with a shower in the kitchen. Prior to the shower, the aide washed hands for approximately 10 seconds. After the shower, the aide continued to wear the same gloves used for the shower, including wringing out the dirty wash cloths into the patient's kitchen sink and then placing them in the dish strainer with dishes in it. The aide then removed the gloves and prepared a drink for the patient without washing hands in between. At 12:05 PM, the HHA washed hands briefly for about 5 seconds, donned gloves and emptied the dirty water from the shower</p>	N0470	<p>N470. 1) HHA (employee G) was counseled and re-inserviced regarding proper use of gloves and hand washing techniques. Correction date 8/17/2012. 2) Supervisory visit form changed to address hand washing and gloving procedures to read as follows: "Employee hand washing and gloving procedures observed and reviewed during participant care and performed adequately "yes or no", if No, report to the office immediatly. Aide will be re-inserviced and/or counseled. Correction date by 9/20/12.</p>	09/20/2012			

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	<p>basin using a pan. The pan was then left in the dish drainer without being washed and the dirty wash cloths were placed over the edges of the kitchen sink to dry. Using the same gloves, the HHA mopped the kitchen and hall floors, rinsed the mop in the kitchen sink and then put food containers into the refrigerator. Once the HHA removed the gloves, the Aide preceded to begin dusting furniture but did not wash hands or use hand gel or wipes prior.</p> <p>2. On 8/16/12 at 1:00 PM, employee B indicated the HHA should have washed hands for 15-20 seconds per policy. Employee B also indicated the HHA should have changed gloves and washed hands after the shower was complete, before preparing food, and should have washed the pan used for emptying the dirty shower water.</p> <p>3. The agency's policy titled "Engineering / Work Practice Control," #4004, revision date 12/10, states, "8. HOW TO WASH HANDS: Wash hands using an antimicrobial soap, effective against HIV, for at least 15 seconds. Rinse under a stream of warm water. ... 12. GLOVES Wear gloves in any situation where hands could come into contact with blood or other potentially infectious materials. Also wear gloves when handling or</p>			

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	<p>touching contaminated items or surfaces. Wash hands immediately after removing gloves."</p> <p>4. A copy of the agency's infection control training was provided on 8/16/12 at 1:20 PM by employee B who indicated this is the current training used for all staff. The training document is titled "Part 1 Preventing Infection" states, "Preventing problems is easier than curing them" and states on page 52, "Hand washing is the single most important preventive measure to keep infection from spreading. Wash Your Hands! ... After handling soiled linen or a client's personal belongings, Before and after wearing disposable gloves, ... Rub your hands together vigorously for at least 15 seconds."</p>						

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N0516	<p>410 IAC 17-12-3(d) Patient Rights Rule 12 Sec. 3(d) (d) The home health agency shall make available to the patient upon request, a written notice in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment, a listing of all individuals or other legal entities who have an ownership or control interest in the agency as defined in 42 CFR § 420.201, 42 CFR § 420.202, and 42 CFR § 420.206, in effect on July 1, 2005.</p> <p>Based on admission packet review, policy review, and interview, the agency failed to ensure the patients' rights documents provided prior to admission include the rights of the patients to receive, if requested, a disclosure of ownership listing for 5 of 5 patient records reviewed with the potential to affect all the agency's patients. (#1-5)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During admission packet review on 8/14/12, the patient's rights section failed to include the right to receive a listing of all individuals or other legal entities who have an ownership or control interest in the agency as defined in 42 CFR 420.201, 42 CFR 42.202, 42 CFR 420.206, in effect on July 1, 2005.</li> <li>2. Clinical records #1-5 evidenced the patient had received the patient rights</li> </ol>	N0516	<p>N516Patient RightsThe Administrator has revised the Admission Booklet on page 5 to read "PATIENT RIGHTS-OWNERSHIP AND CONTROL.In accordance with 410 IAC 17-12-3 Rule 12 Sec 3 (d), Patient Rights, we respectfully wish to inform you in advance or at the time of your start of care of the parties having ownership and/or control interest in this agency:Co-Owners/Shareholders/ Board of Directors: Michelle A. Masta, President (50%) Brandie E. Landis, Vice-Preседent (50%)We can be reached at the Corporate Office at 1-800-314-8718." Correction date 9/7/12.All current participants will receive an Admisson Booklet Addendum with added Patient Rights Ownership and Control interest of our agency information as stated above. RN will review with Participant at the time of Supervisory Visit to assure</p>	09/30/2012			

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	<p>document.</p> <p>3. On 8/14/12 at 12:50 PM, employee B indicated they did not find any evidence to prove this right was included in the patients' rights and the agency would need to add it to the documents.</p> <p>4. The agency's policy titled "Patient Rights/Responsibilities," #5009, revised 12/10, states, "It shall be the policy of this Agency for the Agency admission nurse/staff member to implement the Patient Bill of Rights/Responsibilities in compliance with Article 17 410 IAC 17-12-3 Patient Rights and Section 1891 (a) (1) of the Omnibus Reconciliation Act of 1987 as amended by Section 4021 (b) of Pub. L. 100-203. ... The Vice President / COO / Administrator is responsible for the overall administration of this policy; appropriate personnel at the location have local level responsibility."</p>		<p>understanding. Correction date 9/30/12</p>				

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record review, policy review, home visit observation, and interview, the agency failed to ensure all Durable Medical Equipment (DME) was listed on the Plan of Care (POC) for 2 of 3 clinical records reviewed with home visit observations. (1 and 3)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During home visit observation with patient #1 on 8/15/12 at 11:30 AM, the</li> </ol>	N0524	N524Patient CareThe Administrator and Nursing Supervisor will assure all Equipment is clearly listed on the medical Plan of Care upon admission and updated as soon as the Agency becomes aware of additions/deletions. An Equipment check off list will be created and included in the open packet, placed in the Participants medical record and Reviewed at each Reassessment for changes. Any necessary changes will be made to the medical Plan of	09/20/2012			

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	<p>following DME were observed in the patient's home: Quad cane, Life Alert bracelet, kid's swimming pool, bath mat, and watering can (pool, bath mat, watering can are used for patient showers in kitchen). The POC for the certification period dated 7/17-9/14/12 failed to evidence these DME.</p> <p>2. During home visit observation with patient #3 on 8/15/12 at 2:30 PM, the following DME were observed in the patient's home: hospital bed, trapeze bar for hospital bed, and air mattress. The POC for the certification period dated 6/25-8/23/12 failed to evidence these DME.</p> <p>3. During interview on 8/16/12 at 1:15 PM, employee B indicated these DME must have been missed or were not present at the time of admission and should be on an addendum if they were added after admission.</p> <p>4. The agency's policy titled "Acceptance of Patients, Plan of Care / Service Medical Supervision," #5007, revised 3/12, states, "6. Content of the Plan of Care: Skilled Nursing Plan of Care ... Medical supplies needed."</p>		Care. The Supervisory visit form will be revised to read: "Any Equipment additions/deletions, Yes or No, if yes please explain." Correction date 9/20/12				

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N0603	<p>410 IAC 17-14-1(m) Scope of Services Rule 14 Sec. 1(m) The home health aide may not be assigned to perform additional tasks not included in the original competency evaluation until he or she has successfully been evaluated as competent in that task.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the Home Health Aides (HHAs) were following the Plan of Care as written by the Registered Nurse (RN) for 1 of 5 records reviewed which contained a Home Health Aide / Homemaker Care Plan. (#1)</p> <p>Findings include:</p> <p>1. Clinical record #1 contained a Home Health Aide / Homemaker Service Order with a Reviewed date of 5/3/12 and another review date of 7- (incomplete date) which indicated the HHA was assigned the following tasks at every visit: Bath, Perineal Care, Hair Care, Activity with assistance, Fall precautions, Standard precautions, Lunch Meals on Wheels (MOW), Kitchen, Bathroom, Living room, Bedroom, Laundry. The Home Health Aide / Homemaker Note / Timesheets dated 8/7, 8/9, and 8/10/12 failed to evidence the HHA completed the Fall precautions and Standard precautions.</p>	N0603	<p>N603 Scope of Services Administrator and Nursing Supervisor will assure all Aides are assigned task for which they have seccesfully been skills validated. All Aides will be re-instructed to follow the Plan of Care as written by the RN. Administrator and Nursing Supervisor will assure all Aide notes match the Plan of Care written by the RN and are fully completed. All notes and Plans of Care will be audited weekly and monthly by administrative staff in accordance with Charting and Documentation Policy and inservice (#5039) and quarterly by the corporate audit team utilizing the Client Record audit form. Any aides found non-compliant will be re-inserviced and counseled. Continued non-compliance will lead to disciplinary actions in accordance with Agency disiplinary policies 2016, 2017, 2018, 2020. Correction date 9/7/12.</p>	09/07/2012			

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	<p>2. On 8/16/12 at 2:45 PM, employee B indicated the HHAs should be following the assignments written by the RN, especially safety tasks.</p> <p>3. The agency's policy titled "Communication / Verbal Orders with a Patient's / Client's Physician," #5008, revised 3/12, states, "6. Content of the Plan of Care: HHA / Homemaker Plan of Care - Date written, Disaster preparedness Level/AD, Safety measures (incl. [including] mental status), Allergies, Services to be provided, Dietary needs, Reportable parameters, Frequency &amp; duration of services."</p>			