

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 06/30/2014
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NAME OF PROVIDER OR SUPPLIER AM HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 HOBSON ROAD, SUITE 104 FORT WAYNE, IN 46815
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G000000	<p>This was a home health initial Medicaid certification survey. This was a partial extended survey.</p> <p>Survey Dates: June 27, and 30, 2014 Partial Extended Dates: June 27 and 30, 2014</p> <p>Facility #: IN013209</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Census Service Type: Skilled: 10 Home Health Aide Only: 0 Personal Care Only: 0 Total: 10</p> <p>Sample: RR w/HV: 5 RR w/o HV: 5 Total: 10</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 1, 2014</p>	G000000		
G000121	484.12(c)			

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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	<p>COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on observation, policy review, and interview, the agency failed to ensure staff followed infection control guidelines for 1 of 5 observations creating the potential to affect all the agency's patients. (#1)</p> <p>Findings include</p> <ol style="list-style-type: none"> 1. During home visit observation with patient #1 on 6/30/14 at 11:00 AM, employee C was observed assisting the patient with a shower. Employee C failed to wash hands or use hand gel upon arrival to the home and prior to beginning care, failed to wear gloves while assisting with shower and washed patient's buttocks and rectal area, then proceeded to rinse the wash cloth and give it to the patient to wash perineal area. Employee C failed to provide a clean wash cloth for patient to wash perineal area. 2. During interview on 6/30/14 at 1:32 PM, employee A indicated the aide has asked previously if they are to be wearing gloves while assisting with showers. Employee A indicated the aide knows to wear gloves with showering and bathing 	G000121	<p>The Executive Director has in-serviced the home health aide on company policies regarding infection control. Specific instructions related to handwashing before and after patient contact or the use of hand sanitizer gel was given. The home health aide was also ins-serviced on standard precautions specifically directed toward the wearing of gloves during patient showers and the potential for contact with bodily fluids. The home health aide was re-educated on infection control related to the appropriate use of clean wash rags while giving a bath and or shower specifically while giving care in the perineal and rectal areas. All home health aides will follow infection control policies. All home health aides will wash their hands upon entering a client's home and after providing care. All home health aides will wear gloves during showers and baths and will follow standard precautions. All home health aides will provide clean wash cloths during showers and baths as necessary to ensure infection control procedures and proper bathing/showering techniques have been followed. The Executive Director will be</p>	07/01/2014			

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	<p>because they were wearing them during supervisory visits, and the aide was probably nervous.</p> <p>3. The agency's policy titled "Hand Washing Policy- In Patient's Homes," # 2.80, dated 2013 states, "Special Instructions ... a. Before and after caring for clients, or when coming in contact with inanimate objects/equipment in the immediate vicinity of the client. b. Between tasks on the same client and particularly when there is prolonged or intense contact with client; i.e. bathing. ... Other Aspects of Hand Hygiene: ... 3. Gloves are to be worn during client care when there is risk of contact with blood or other potentially infectious materials, mucus membranes, and non-intact skin could occur."</p> <p>4. The agency's policy titled "Standard Precautions for All Health Care Workers," # 5.7, dated 2013 states "1. Standard Precautions shall be observed by every health care worker for all patients receiving care. ... Standard Precautions are utilized to prevent reasonably anticipated parenteral, skin, eye and mucous membrane exposure to blood and other potentially infectious body fluids that may result during the performance of a health care worker's duties. 2. WASH HANDS - Hands must</p>		responsible for monitoring these corrective actions to ensure tis deficiency will not reoccur in the future.				

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G000159	<p>be washed before and after contact with each patient. ... 3. GLOVES, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment, when having direct contact with blood, body fluids, mucous membrane or non-intact skin, when handling items soiled with blood, or when handling equipment contaminated with blood or body fluids."</p> <p>484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure all as needed (PRN) visits ordered contained a reason for the PRN visits for 2 of 10 clinical records reviewed, creating the potential to affect all the agency's patients. (# 8, and 9)</p> <p>Findings include</p> <p>1. Clinical record #8, start of care date</p>	G000159	The Executive Director has reviewed all Plans of Care and has reviewed the standard for tag G159. In the future all Plans of Care will follow the standard by ensuring each plan of care includes specific orders and frequency of visits. All PRN orders will have a documented reason why the is needed. The Executive Director will be responsible for monitoring these corrective actions to ensure tis deficiency will not reoccur in the future.	07/01/2014

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	<p>(SOC) 5/9/14, contained a plan of care (POC) dated 5/9-7/7/14 with orders for skilled nursing (SN) 1 time per week and 1 PRN visit as needed. This PRN visit order failed to evidence a reason for a PRN visit.</p> <p>2. Clinical record #9, SOC 5/9/14, contained a POC dated 5/9-7/7/14 with orders for SN 1 time per week and 1 PRN visit as needed. This PRN visit order failed to evidence a reason for a PRN visit.</p> <p>3. During interview on 6/27/14 at 11:15 AM, employee A indicated they are used to just putting PRN and not specifying a reason.</p> <p>4. The agency's undated policy titled "Physician's Plan of Treatment," # 2.21 states "5. A physician's plan of treatment ... must include: ... v. Specific orders and frequency of visits."</p>			