

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K026	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER MAXIM HEALTHCARE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 335 W 84TH ST MERRILLVILLE, IN 46410		
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G000000	<p>This was a home health federal complaint investigation.</p> <p>Complaint IN00130552 - Substantiated: Federal deficiencies related to the allegations are cited. Unrelated deficiencies are also cited.</p> <p>Survey Date: July 10 - 11, 2013</p> <p>Facility #: 004862</p> <p>Medicaid #: 200857630</p> <p>Surveyors: Ingrid Miller, MS, BSN, RN Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 18, 2013</p>	G000000			

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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G000101	<p>484.10 PATIENT RIGHTS</p> <p>The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights.</p> <p>Based on review of clinical records and agency documents, interview, and policy review, the home health agency failed to ensure the patient's right to privacy and confidentiality was maintained for 1 of 3 clinical records reviewed (#1) with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #1 evidenced the patient's rights for confidentiality and privacy were not followed after Employee E, home health aide (HHA), shared patient information for patient #1 at an inservice at another home health agency. The employee also took photos of patient #1 on a personal cell phone.</p> <p>A. On July 10, 2013, at 4 PM, Employee A indicated Employee E, HHA, discussed patient #1 at an inservice at another agency. This violated the patient #1's right to privacy. Employee A indicated the caregiver of patient #1 was upset that Employee E took photos of patient #1.</p> <p>B. On 7/11/13 at 10:30 AM,</p>	G000101	<p>Director of Clinical Services or Clinical Designee will provide re-education to all direct caregivers, including Employee E on requirements for safeguarding patient information and adherence to state and federal laws governing privacy, as well as Maxim Healthcare policies and procedures regarding the same. Direct caregivers will complete an acknowledge and understanding of this re-education.</p> <p>Employee E received verbal reprimand and re-education from Director of Clinical Services and Account Manager on protecting client rights and privacy, and cell phone usage on 6.19.2013 as evidence by employee logging. Further education was provided to Employee E by Director of Clinical Services on 7/15/2013. Director of Clinical Services reviewed the Maxim Healthcare Services Privacy and Security Notice with the employee, explaining that confidential health information is to be treated in line with this notice and is evidenced by the signed Employee Privacy & Security Acknowledgment Form.</p> <p>To prevent this deficiency from</p>	08/09/2013			

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	<p>Employee A indicated the caregiver of patient #1 contacted the corporate complaint line about photos taken of patient #1 by Employee E, HHA, and that Employee E took the photos as a diversion tactic to manage the patient.</p> <p>C. On 7/11/13 at 1:25 PM, Employee E, HHA, indicated taking photos of patient #1 on her personal cell phone and showing these photos to the patient's informal caregiver and discussing the patient at an inservice at another agency on June 2, 2013. Employee E indicated taking the photos on a personal cell phone to distract the patient from hitting behaviors and deleting the photos before leaving the home. Employee E indicated being reprimanded by Employee A, DON, due to the breach of confidentiality with the cell phone photos and discussing patient #1 at another agency's inservice.</p> <p>D. On 7/11/13 at 3:25 PM, Employee A, DON, indicated Employee E was reprimanded for breach of confidentiality for taking photos of patient #1 and discussing patient #1 at another agency inservice.</p> <p>2. The clinical record document titled "Patient Rights and Responsibilities" with a date of 5/15/13 stated, "The patient has the right to ... Be treated with respect,</p>		<p>recurring in the future, clinical supervisors will observe and monitor staff providing patient care for adherence to patient's rights, privacy and confidentiality. This observation will take place during home supervisory visits when staff is present. The clinical supervisor will document the observation of staff on the supervisory visit note, along with effectiveness and any re-education, if appropriate.</p>				

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	<p>consideration and recognition of the individual's dignity and individuality, including privacy in treatment and in care for personal needs ... be assured that all information concerning the patient, including personal and medical records, will be treated in a confidential manner."</p> <p>3. A client / facility logging document titled "Communication notes" with a date of 6/6/13 stated, "Received a call from the [caregiver of patient#1] ... during our conversation [he / she] called the state to report a breach of confidentiality by one of our HHAs. [the caregiver] thought the [Employee E] broke confidentiality when ... reported ... that [Employee E] was at an inservice for her / his employer and an incident involving [patient #1] was discussed.</p> <p>4. Personnel file E signed the Employee handbook acknowledgement form on 5/14/13. A section of the Employee Handbook is stated below:</p> <p>The agency document titled "Maxim Healthcare Services External Employee Handbook" with an effective date of February 1, 2008 stated, "Personal Cellular Phones, Excessive personal calls during the workday, regardless of the phone used [personal or the client's] can interfere with the quality of patient care.</p>				

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	<p>Employees are therefore asked to make any other personal calls on non-work time and to ensure that family and friends are aware of the company's policy ...</p> <p>Employee Ethics, confidentiality ... the complete confidentiality of protected health information [PHI] ... and Maxim's business information must be respected at all times. You are prohibited from using or Maxim's confidential business information for the advancement of your personal interests. PHI is any information in a patient's medical record or designated record set that can be used to identify that individual ... violations of any other policy or procedure enacted by the company ... HIPAA / Patient Confidentiality Every Maxim employee is responsible for safeguarding all information designated as protected health information under the Health Insurance Portability and Accountability Act of 1996 ... The unauthorized or improper disclosure, use or review of protected health information is expressly forbidden by Maxim and by the federal HIPAA law. Any employee who violates applicable patient confidentiality policies will be subject to disciplinary action, up to and including the immediate separation of their employment."</p> <p>5. The agency document titled "[Employee E], HHA ... with an effective</p>			

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	<p>date of June 19, 2013, stated, "On June 2013 Employee failed to safeguard confidential health information by discussing a patient / family with another employer. Employee reviewed Policy and Confidentiality policy with administrator and director of clinical service on 6/19/13."</p> <p>6. The agency document titled "Employee Privacy and Security Acknowledgement" with a signature of Employee E, HHA, and date of 5/14/13 stated, "Basic privacy laws prevent the use / disclosure of any patient information."</p> <p>7. The agency document titled "Home care Incident Report Manager" with a date of 6/28/13 was identified as a corporate incident document that evidenced Employee E had taken photos of patient #1 on 6/13/13 and had been reprimanded and educated by Employee B, the alternate administrator on 6/26/13.</p> <p>8. The agency policy titled "Privacy and confidentiality of patient information" with an effective date of 4/6/11 stated, "Purpose ... to ensure that the patient's right to privacy is protected with regards to confidentiality, use and disclosure of protected health information ... Policy ... All employees shall treat protected health</p>						

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	<p>information as confidential ... All photographs ... digital photography of a patient and / or family / caregiver require written consent."</p> <p>9. The agency policy titled "Patient rights and responsibilities" with an effective date of 1/7/13 and revised date of 12/18/12 stated, "The company protects and promotes the rights of each patient in its care. The following is a summary of those rights provided to home care patients ... confidentiality and privacy of all information contained in the client / patient record and of protected health information."</p>			

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G000141	<p>484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies.</p> <p>Personnel records include qualifications and licensure that are kept current. Based on personnel record review, policy review, and interview, the agency failed to ensure it followed its own personnel policies related to background checks for 2 (E and J) of 6 home health aides reviewed with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. The policy titled "Background Checks" with a date of 7/23/12 stated, "The company requires defined background checks for candidates, employees, interns, independent contractors, temporary employees, and volunteers prior to hire, prior to performing services, during employment / service and / or while under contract ... the company adheres to local, state, and federal law, including the Fair Credit Reporting Act [Fair Credit Reporting Act] regarding the use of background checks in employment decisions ... for those state - specific required criminal background checks obtained through the state department or</p>	G000141	<p>Maxim Healthcare Services Corporate Leadership was advised of the concern related to our 3 rd party vendor redacting information and has discussed the concerns with them. This conversation has resulted in the following change, effective July 22, 2013: 3 rd party vendor will no longer redact the section titled "Information released to" as previously was their policy. As evidenced by the supporting letter of agreement.</p> <p>To prevent this deficiency from recurring in the future, the Account Manager will review all new hire Indiana State Police Limited Criminal History background checks prior to the employee first patient contact to ensure that no information has been redacted and will ensure continued compliance through quarterly personnel audits.</p>	07/22/2013			

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	<p>state assigned service, the report request shall be submitted in accordance with the state defined criteria."</p> <p>2. Personnel file E, date of hire 5/1/13 and first patient contact 5/22/13, evidenced an Indiana State Police Limited Criminal History" with a date of 5/10/13. The section titled "Information released to" was blacked out over the name and address of to whom the limited criminal history had been released. The document stated, "The request is in accordance with IC 10-13-3-27 and may not be used for any other purposes."</p> <p>3. Personnel file J, date of hire 2/25/13 and first patient contact 3/18/13, evidenced an Indiana State Police Limited Criminal History" with a date of 2/26/13. The section titled "Information released to" was blacked out over the name and address of to whom the limited criminal history had been released. The document stated, "The request is in accordance with IC 10-13-3-27 and may not be used for any other purposes."</p> <p>4. On 7/11/13 at 3:30 PM, the alternate administrator indicated the limited criminal histories had been redacted or altered.</p>						

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G000158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record review, interview, and policy review, the agency failed to ensure home health aide services were provided as ordered on the plan of care for 2 of 3 records reviewed (#2 - #3) with the potential to affect all of the home health aide patients of the agency.</p> <p>Findings</p> <p>1. The agency policy titled "Home Health Aide Plan of Care" with an effective date of 5/27/13 and revised date of 10/9/12 stated, "Each patient receiving home health aide services will have an individualized plan developed by the Registered Nurse ... which is consistent with the physician orders for care ... the developed HHA [home health aide] POC [plan of care] is to be utilized to direct care performed by the assigned aide."</p> <p>2. The agency policy titled "Home Health Certification and Plan of care" with an effective date of 6/25/12 and revised date of 6/14/12 stated, "To provide direct care staff with the physician ordered treatments, procedures, medications, and</p>	G000158	<p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-007.4 Home Health Certification and Plan(s) of Care and company policy HH-CL-008.3 Home Health Aide Plan of Care. Director of Clinical Services further educated Clinical Supervisors on Focus QA for review of employee documentation and the need for accurate review of documentation during this process to maintain compliance.</p> <p>MD order was obtained on 7/19/2013, medication profile and HHA Plan of Care were update to reflect this order on 7/19/2013 and employees were informed of the update by clinical supervisor on 7/19/2013.</p> <p>This education took place during a Clinical Team Meeting on 7/26/2013 as evidence by the sign-in log and minutes.</p> <p>The clinical supervisor will observe and monitor staff documentation, providing re-education, if appropriate. This observation will take place during home supervisory visit when staff</p>	07/26/2013			

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	<p>services required to meet the patient's home needs. Policy: the Home Health Certification and Plan of care [485] is the physician's order for home care services."</p> <p>3. Clinical record #2, start of care (SOC) 5/3/13, included a plan of care for the certification period of 4/28/13 - 6/26/13 that failed to evidence physician orders for the home health aide to apply a barrier cream to the patient's buttocks area. However, the home health aide (HHA) did apply cream to the buttocks at visits. This was evidenced by the following:</p> <p>a. A communication note written and signed by Employee I, HHA, included notes written 6/3/13 - 6/7/13. This document stated, "Communication note [patient #2] ... 6/3/13 4 PM - 7 PM Client's bottom was red and raw looking in color, applied bag balm to bottom ... 6/4/13 4 PM - 7 PM Client's bottom is still raw ... applied bag balm to bottom ... 6/5/13 4 PM - 7 PM ... butt cream applied to excoriated bottom ... 6/6/13 4 PM - 7 PM ... Applied butt cream ... 6/7/13 4 PM - 7 PM ... cream to bottom."</p> <p>b. On 7/10/13 at 3:40 PM, Employee A, director of nursing, indicated the aide care plan and the plan of care failed to evidence an order for the barrier creams</p>		<p>is present. The clinical supervisor will document the observation of staff on the on supervisory visitnote, along with effectiveness and any re-education. The clinical supervisor will review 100% of clinical documentation, focused on three areas of the note for a 6 week period, and provide immediate feedback to the employee and education related to following the plan of care, utilizing a Focus QA process. This education will be evidenced by a logging under the title of Focus QA logging in the employee file.</p> <p>To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record review.</p>				

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	<p>to be applied to the buttocks area of patient #2 and that the aide did apply the barrier creams at visits.</p> <p>4. Clinical record #3, SOC 11/19/11, included a plan of care for the a certification period of 5/12/13 that included orders for the HHA for fluid restriction 1200 cc (cubic centimeters) daily, empty Foley catheter bag, and document output daily. The HHA visit documentation failed to evidence these tasks were completed as ordered as follows:</p> <p>a. On 6/12/13 from 10 AM - 12 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>b. On 6/13/13 from 3 PM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>c. On 6/14/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>d. On 6/25/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>e. On 6/26/13 from 8:30 AM - 6:30 PM, Employee J, HHA, failed to record the the urine output.</p>						

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	<p>f. On 6/27/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the the urine output.</p> <p>g. On 6/28/13 from 2:30 PM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>h. On 6/29/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>i. On 7/10/13 at 5:25 PM, Employee A, the director of nursing indicated the plan of care was not followed at the above visits.</p>			

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G000159	<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 and interview, the agency failed to ensure all components were included on the plan of care for 1 of 3 records reviewed (#1) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1, Start of Care (SOC) 5/15/13, included a plan of care for the certification period of 5/15/13 - 7/13/13 that did not include a "behavior plan." The aide care plan identified the aides were to follow the behavior plan daily. 2. On 7/10/13 at 3:45 PM, Employee A, director of nursing, indicated the plan of care failed to include any part of behavior plan ordered for this patient. 3. On 7/11/13 at 1:25 PM, Employee E, 	G000159	<p>Director of Clinical Services will educate all ClinicalSupervisors on company policy HH-CL-007.4 Home Health Certification and Plan(s)of Care and company policy HH-CL-008.3 Home Health Aide Plan of Care. Thiseducation is intended to ensure the care plan is individualized and includesall cares for the patient.</p> <p>This education took place during a Clinical Team Meeting on7/26/2013 as evidence by the sign-in log and minutes.</p> <p>Regarding clinical record #1-Attempts were made by clinicalsupervisor on 05/31/2013 and again on 6/4/2013 to obtain clients behavioralplan, however client was discharged on 6/25/2013 per mother's request beforethe plan was received.</p> <p>To prevent this deficiency from recurring in the future theDirector of Clinical Services will be responsible for ensuring</p>	07/26/2013

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N000000	<p>home health aide (HHA), indicated the behavior plan was present in the home.</p> <p>This was a home health state complaint investigation.</p> <p>Complaint IN00130552 - Substantiated: State deficiencies related to the allegations are cited. Unrelated deficiencies are also cited.</p> <p>Survey Date: July 10 - 11, 2013</p> <p>Facility #: 004862</p> <p>Medicaid #: 200857630</p> <p>Surveyors: Ingrid Miller, MS, BSN, RN Public Health Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 18, 2013</p>	N000000	continued compliance per regulations through quarterly medical record review.		

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N000458	<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. Based on personnel record review, policy review, and interview, the agency failed to ensure background check information was not altered for 2 (E and J) of 6 home health aide files reviewed with the potential to affect all of the agency patients.</p> <p>Findings</p> <p>1. The policy titled "Background Checks" with a date of 7/23/12 stated, "The company requires defined background checks for candidates, employees, interns, independent contractors, temporary employees, and volunteers prior to hire, prior to performing services, during employment / service and / or while under</p>	N000458	<p>Maxim Healthcare Services Corporate Leadership was advised of the concern related to our 3 rd party vendor redacting information and has discussed the concerns with them. This conversation has resulted in the following change, effective July 22, 2013: 3 rd party vendor will no longer redact the section titled "Information released to" as previously was their policy. As evidenced by the supporting letter of agreement.</p> <p>To prevent this deficiency from recurring in the future, the Account Manager will review all new hire Indiana State Police Limited Criminal History background checks prior to the employee first patient contact to ensure that no</p>	07/22/2013			

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	<p>contract ... the company adheres to local, state, and federal law, including the Fair Credit Reporting Act [Fair Credit Reporting Act] regarding the use of background checks in employment decisions ... for those state - specific required criminal background checks obtained through the state department or state assigned service, the report request shall be submitted in accordance with the state defined criteria."</p> <p>2. Personnel file E, date of hire 5/1/13 and first patient contact 5/22/13, evidenced an Indiana State Police Limited Criminal History" with a date of 5/10/13. The section titled "Information released to" was blacked out over the name and address of to whom the limited criminal history had been released. The document stated, "The request is in accordance with IC 10-13-3-27 and may not be used for any other purposes."</p> <p>3. Personnel file J, date of hire 2/25/13 and first patient contact 3/18/13, evidenced an Indiana State Police Limited Criminal History" with a date of 2/26/13. The section titled "Information released to" was blacked out over the name and address of to whom the limited criminal history had been released. The document stated, "The request is in accordance with IC 10-13-3-27 and may not be used for</p>		information has been redacted and will ensure continued compliancethrough quarterly personnel audits.				

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	any other purposes." 4. On 7/11/13 at 3:30 PM, the alternate administrator indicated the limited criminal histories had been redacted or altered.				

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N000494	<p>410 IAC 17-12-3(a)(1)&(2) Patient Rights Rule 12 Sec. 3(a) The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. The home health agency must protect and promote the exercise of these rights and shall do the following: (1) Provide the patient with a written notice of the patient's right: (A) in advance of furnishing care to the patient; or (B) during the initial evaluation visit before the initiation of treatment. (2) Maintain documentation showing that it has complied with the requirements of this section.</p> <p>Based on review of clinical records and agency documents, interview, and policy review, the home health agency failed to ensure the patient's right to privacy and confidentiality was maintained for 1 of 3 clinical records reviewed (#1) with the potential to affect all the patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #1 evidenced the patient's rights for confidentiality and privacy were not followed after Employee E, home health aide (HHA), shared patient information for patient #1 at an inservice at another home health agency. The employee also took photos of patient</p>	N000494	<p>Director of Clinical Services or Clinical Designee will provide re-education to all direct caregivers, including Employee E on requirements for safeguarding patient information and adherence to state and federal laws governing privacy, as well as Maxim Healthcare policies and procedures regarding the same. Direct caregivers will complete an acknowledge and understanding of this re-education.</p> <p>Employee E received verbal reprimand and re-education from Director of Clinical Services and Account Manager on protecting client rights and privacy, and cell phone usage on 6.19.2013 as evidence by employee logging. Further education was provided to</p>	08/09/2013			

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	<p>#1 on a personal cell phone.</p> <p>A. On July 10, 2013, at 4 PM, Employee A indicated Employee E, HHA, discussed patient #1 at an inservice at another agency. This violated the patient #1's right to privacy. Employee A indicated the caregiver of patient #1 was upset that Employee E took photos of patient #1.</p> <p>B. On 7/11/13 at 10:30 AM, Employee A indicated the caregiver of patient #1 contacted the corporate complaint line about photos taken of patient #1 by Employee E, HHA, and that Employee E took the photos as a diversion tactic to manage the patient.</p> <p>C. On 7/11/13 at 1:25 PM, Employee E, HHA, indicated taking photos of patient #1 on her personal cell phone and showing these photos to the patient's informal caregiver and discussing the patient at an inservice at another agency on June 2, 2013. Employee E indicated taking the photos on a personal cell phone to distract the patient from hitting behaviors and deleting the photos before leaving the home. Employee E indicated being reprimanded by Employee A, DON, due to the breach of confidentiality with the cell phone photos and discussing patient #1 at another agency's inservice.</p>		<p>Employee E by Director of Clinical Serviceson 7/15/2013. Director of Clinical Services reviewed the Maxim HealthcareServices Privacy and Security Notice with the employee, explaining that confidential health information is to be treated in line with this notice and is evidenced by the signed Employee Privacy & Security AcknowledgmentForm.</p> <p>To prevent this deficiency from recurring in the future,clinical supervisors will observe and monitor staff providing patient care for adherence to patient's rights, privacy and confidentiality. This observationwill take place during home supervisory visits when staff is present. Theclinical supervisor will document the observation of staff on the supervisoryvisit note, along with effectiveness and any re-education, if appropriate.</p>				

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	<p>D. On 7/11/13 at 3:25 PM, Employee A, DON, indicated Employee E was reprimanded for breach of confidentiality for taking photos of patient #1 and discussing patient #1 at another agency inservice.</p> <p>2. The clinical record document titled "Patient Rights and Responsibilities" with a date of 5/15/13 stated, "The patient has the right to ... Be treated with respect, consideration and recognition of the individual's dignity and individuality, including privacy in treatment and in care for personal needs ... be assured that all information concerning the patient, including personal and medical records, will be treated in a confidential manner."</p> <p>3. A client / facility logging document titled "Communication notes" with a date of 6/6/13 stated, "Received a call from the [caregiver of patient#1] ... during our conversation [he / she] called the state to report a breach of confidentiality by one of our HHAs. [the caregiver] thought the [Employee E] broke confidentiality when ... reported ... that [Employee E] was at an inservice for her / his employer and an incident involving [patient #1] was discussed.</p> <p>4. Personnel file E signed the Employee</p>						

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	<p>handbook acknowledgement form on 5/14/13. A section of the Employee Handbook is stated below:</p> <p>The agency document titled "Maxim Healthcare Services External Employee Handbook" with an effective date of February 1, 2008 stated, "Personal Cellular Phones, Excessive personal calls during the workday, regardless of the phone used [personal or the client's] can interfere with the quality of patient care. Employees are therefore asked to make any other personal calls on non-work time and to ensure that family and friends are aware of the company's policy ... Employee Ethics, confidentiality ... the complete confidentiality of protected health information [PHI] ... and Maxim's business information must be respected at all times. You are prohibited from using or Maxim's confidential business information for the advancement of your personal interests. PHI is any information in a patient's medical record or designated record set that can be used to identify that individual ... violations of any other policy or procedure enacted by the company ... HIPAA / Patient Confidentiality Every Maxim employee is responsible for safeguarding all information designated as protected health information under the Health Insurance Portability and Accountability</p>						

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	<p>Act of 1996 ... The unauthorized or improper disclosure, use or review of protected health information is expressly forbidden by Maxim and by the federal HIPAA law. Any employee who violates applicable patient confidentiality policies will be subject to disciplinary action, up to and including the immediate separation of their employment."</p> <p>5. The agency document titled "[Employee E], HHA ... with an effective date of June 19, 2013, stated, "On June 2013 Employee failed to safeguard confidential health information by discussing a patient / family with another employer. Employee reviewed Policy and Confidentiality policy with administrator and director of clinical service on 6/19/13."</p> <p>6. The agency document titled "Employee Privacy and Security Acknowledgement" with a signature of Employee E, HHA, and date of 5/14/13 stated, "Basic privacy laws prevent the use / disclosure of any patient information."</p> <p>7. The agency document titled "Home care Incident Report Manager" with a date of 6/28/13 was identified as a corporate incident document that evidenced Employee E had taken photos of patient</p>			

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	<p>#1 on 6/13/13 and had been reprimanded and educated by Employee B, the alternate administrator on 6/26/13.</p> <p>8. The agency policy titled "Privacy and confidentiality of patient information" with an effective date of 4/6/11 stated, "Purpose ... to ensure that the patient's right to privacy is protected with regards to confidentiality, use and disclosure of protected health information ... Policy ... All employees shall treat protected health information as confidential ... All photographs ... digital photography of a patient and / or family / caregiver require written consent."</p> <p>9. The agency policy titled "Patient rights and responsibilities" with an effective date of 1/7/13 and revised date of 12/18/12 stated, "The company protects and promotes the rights of each patient in its care. The following is a summary of those rights provided to home care patients ... confidentiality and privacy of all information contained in the client / patient record and of protected health information."</p>				

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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure home health aide services were provided as ordered on the plan of care for 2 of 3 records reviewed (#2 - #3) with the potential to affect all of the home health aide patients of the agency.</p> <p>Findings</p> <p>1. The agency policy titled "Home Health Aide Plan of Care" with an effective date of 5/27/13 and revised date of 10/9/12 stated, "Each patient receiving home health aide services will have an individualized plan developed by the Registered Nurse ... which is consistent with the physician orders for care ... the developed HHA [home health aide] POC [plan of care] is to be utilized to direct care performed by the assigned aide."</p> <p>2. The agency policy titled "Home Health Certification and Plan of care" with an effective date of 6/25/12 and revised date of 6/14/12 stated, "To provide direct care staff with the physician ordered</p>	N000522	<p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-007.4 Home Health Certification and Plan(s) of Care and company policy HH-CL-008.3 Home Health Aide Plan of Care. Director of Clinical Services further educated Clinical Supervisors on Focus QA for review of employee documentation and the need for accurate review of documentation during this process to maintain compliance.</p> <p>MD order was obtained on 7/19/2013, medication profile and HHA Plan of Care were update to reflect this order on 7/19/2013 and employees were informed of the update by clinical supervisor on 7/19/2013.</p> <p>This education took place during a Clinical Team Meeting on 7/26/2013 as evidence by the sign-in log and minutes.</p> <p>The clinical supervisor will observe and monitor staff documentation, providing re-education, if appropriate. This observation will take place during home supervisory visit when staff</p>	07/26/2013			

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	<p>treatments, procedures, medications, and services required to meet the patient's home needs. Policy: the Home Health Certification and Plan of care [485] is the physician's order for home care services."</p> <p>3. Clinical record #2, start of care (SOC) 5/3/13, included a plan of care for the certification period of 4/28/13 - 6/26/13 that failed to evidence physician orders for the home health aide to apply a barrier cream to the patient's buttocks area. However, the home health aide (HHA) did apply cream to the buttocks at visits. This was evidenced by the following:</p> <p>a. A communication note written and signed by Employee I, HHA, included notes written 6/3/13 - 6/7/13. This document stated, "Communication note [patient #2] ... 6/3/13 4 PM - 7 PM Client's bottom was red and raw looking in color, applied bag balm to bottom ... 6/4/13 4 PM - 7 PM Client's bottom is still raw ... applied bag balm to bottom ... 6/5/13 4 PM - 7 PM ... butt cream applied to excoriated bottom ... 6/6/13 4 PM - 7 PM ... Applied butt cream ... 6/7/13 4 PM - 7 PM ... cream to bottom."</p> <p>b. On 7/10/13 at 3:40 PM, Employee A, director of nursing, indicated the aide care plan and the plan of care failed to</p>		<p>is present. The clinical supervisor will document the observation of staff on the on supervisory visitnote, along with effectiveness and any re-education. The clinical supervisor will review 100% of clinical documentation, focused on three areas of the note for a 6 week period, and provide immediate feedback to the employee and education related to following the plan of care, utilizing a Focus QA process. This education will be evidenced by a logging under the title of Focus QA logging in the employee file.</p> <p>To prevent this deficiency from recurring in the future the Director of Clinical Services will be responsible for ensuring continued compliance per regulations through quarterly medical record review.</p>		

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	<p>evidence an order for the barrier creams to be applied to the buttocks area of patient #2 and that the aide did apply the barrier creams at visits.</p> <p>4. Clinical record #3, SOC 11/19/11, included a plan of care for the a certification period of 5/12/13 that included orders for the HHA for fluid restriction 1200 cc (cubic centimeters) daily, empty Foley catheter bag, and document output daily. The HHA visit documentation failed to evidence these tasks were completed as ordered as follows:</p> <p>a. On 6/12/13 from 10 AM - 12 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>b. On 6/13/13 from 3 PM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>c. On 6/14/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>d. On 6/25/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>e. On 6/26/13 from 8:30 AM - 6:30 PM, Employee J, HHA, failed to record</p>			

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	<p>the the urine output.</p> <p>f. On 6/27/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the the urine output.</p> <p>g. On 6/28/13 from 2:30 PM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>h. On 6/29/13 from 8:30 AM - 6:30 PM, Employee E, HHA, failed to record the fluid intake or the urine output.</p> <p>i. On 7/10/13 at 5:25 PM, Employee A, the director of nursing indicated the plan of care was not followed at the above visits.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K026		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
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N000524	<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"> (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: <ul style="list-style-type: none"> (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. <p>Based on clinical record review and interview, the agency failed to ensure all components were included on the plan of care for 1 of 3 records reviewed (#1) with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record #1, Start of Care (SOC) 5/15/13, included a plan of care for the 	N000524	<p>Director of Clinical Services will educate all Clinical Supervisors on company policy HH-CL-007.4 Home Health Certification and Plan(s) of Care and company policy HH-CL-008.3 Home Health Aide Plan of Care. This education is intended to ensure the care plan is individualized and includes all cares for the patient.</p> <p>This education took place during a Clinical Team Meeting on 7/26/2013 as evidenced by the sign-in log and minutes.</p>	07/26/2013			

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	<p>certification period of 5/15/13 - 7/13/13 that did not include a "behavior plan." The aide care plan identified the aides were to follow the behavior plan daily.</p> <p>2. On 7/10/13 at 3:45 PM, Employee A, director of nursing, indicated the plan of care failed to include any part of behavior plan ordered for this patient.</p> <p>3. On 7/11/13 at 1:25 PM, Employee E, home health aide (HHA), indicated the behavior plan was present in the home.</p>		<p>Regarding clinical record #1-Attempts were made by clinicalsupervisor on 05/31/2013 and again on 6/4/2013 to obtain clients behavioralplan, however client was discharged on 6/25/2013 per mother's request beforethe plan was received.</p> <p>To prevent this deficiency from recurring in the future theDirector of Clinical Services will be responsible for ensuring continuedcompliance per regulations through quarterly medical record review.</p>		