

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157152	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/20/2013
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NAME OF PROVIDER OR SUPPLIER  FLOYD MEMORIAL HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 BONO RD NEW ALBANY, IN 47150
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N0000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: February 18, 19, and 20, 2013</p> <p>Facility #: 005327</p> <p>Medicaid #: 100264230A</p> <p>Surveyor: Dawn Snider, RN, BSN, PHNS</p> <p>Census Service Type:                      Skilled: 1540                      Home Health Only: 0                      Personal Care Only: 0                      Total: 1540</p> <p>Sample:                      RR w/HV: 3                      HV w/o RR: 0                      RR w/o HV: 2                      Total: 5</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN                      February 22, 2013</p>	N0000		

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 policy review, observation, and interview, the agency failed to ensure all employees followed proper infection control technique for 1 of 3 (#1) home visit observations resulting in the potential to spread infectious diseases to other patients and staff.</p> <p>Findings include:</p> <p>1. On 2/19/13 at 9:20 AM, the registered nurse, employee E, performed a PICC line dressing change on patient #1. Employee E had gloves on while prepping the patient and preparing the sterile supplies. After removing her gloves, she donned sterile gloves without washing her hands. Employee E removed the old PICC line dressing from the patient, cleaned the patient's PICC line site, and re-applied the new sterile PICC line dressing without changing her gloves. Employee E changed the caps on the red and blue port ends and did not clean the port ends with alcohol prior to changing the caps.</p>	N0470	<p>N470 410 IAC 17012-1(m)Home Health Agency Administration/ManagementA formal inservice provided by the Floyd Memorial Hospital and Health Services Infection Control Nurse and the PICC Nurse was held for all nurses on March 4, 2013.The Clinical Supervisor will skills check/competency the Registered Nurse involved on the PICC dressing changes on or before March 15, 2013.The Clinical Manager will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	03/20/2013	

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	<p>2. The agency policy with a revised date Dec. 2012 titled "HANDWASHING WITHOUT WATER" states, "1. Hands should always be washed: ... after removing gloves."</p> <p>3. During the interview on 2/19/13 at 1:50 PM, the clinical supervisor, employee N, indicated the procedure should include washing hands between glove changes, and employee E should not have used the same gloves for removing the PICC line dressing and reapplying the new dressing. He further indicated the port ends should be cleaned with alcohol prep prior to changing the caps.</p>			

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N0522	<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, policy review, and interview, the agency failed to ensure visits were provided as ordered for 1 of 4 active records reviewed with a written plan of care (#5) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Clinical record #5, start of care 12/6/12, included a plan of care for the certification period 12/6/12 to 2/3/12 with orders for occupational therapist visits 1 time a week for 1 week 1, 2 times a week 2 for 2 weeks, and 1 time a week 1 for 1 week. The record evidenced a note that stated, "OT visit on 12.28.12 unable to be completed due to personal emergency with this therapist." The record failed to evidence the physician was notified of the missed visit.</li> <li>2. The agency policy #TX 7400-2.0 revised date of December 2012 titled "PHYSICIAN CERTIFICATION OF THE PLAN OF CARE" states, "If changes are made in the plan of care prior</li> </ol>	N0522	<p>N522 410 IAC 17-13-1(a)Patient CareThe Clinical Manager inserved all staff on March 4, 2013 that in the event of a missed visit the M.D. will be notified.10% of all clinical records will be audited quarterly for evidence of documentation in the case of any missed visits.The Clinical Manager will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	03/20/2013	

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	<p>to the 60-day minimum requirement, the changes will be documented on a Verbal/telephone Order form and a copy place in the clinical record or entered electronically in Horizon Homecare with in 48 hours or the next business day. The original will be mailed, faxed, or submitted electronically via the physician portal to the physician for signature."</p> <p>3. On 2/20/2013 at 2:30 PM, the nursing supervisor, employee M, indicated there should have been documentation notifying the physician of the missed occupational therapy visit, but none existed.</p>			

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N0526	<p>410 IAC 17-13-1(a)(2) Patient Care Rule 13 Sec. 1(a)(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, optometrist or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the plan of care was signed by the doctor during the 60 day certification period for 1 of 5 records reviewed of patients with a medical plan of care (#4) with the potential to affect all the patients with a medical plan of care.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Clinical record #4 included a plan of care dated 8/4/12-10/2/12 signed by the physician on 10/9/12, after the 60 day certification period ended.</li> <li>The agency policy # TX 7400-2.0 revised 12/12 titled "PHYSICIAN CERTIFICATION OF THE PLAN OF CARE" states, "If the patient is admitted for longer than 60 days, agency professional staff will assure there is a current physician's order for continued care. A reiveiwed / revised plan of care will be mailed, faxed or submitted electronically via the physician portal to</li> </ol>	N0526	<p>N526 410 IAC 17-13-1(a) (2)Patient CareExecutive Director has inserviced Medical Record staff that the total medical plan of care shall be reviewed by the attending physician and the home health agency personnel as often as the severity of the patient's condition requires, but at least once every two (2) months. A new tool was developed to track and assist staff in obtaining physician's signature on the Plan of Care during the 60 day certification period. Additional staff hours have been allotted towards these efforts. 10% of all clinical records will be audited quarterly for evidence of signed Plan of Care within the 60 day certification period. The Clinical Manager will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	03/20/2013			

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	<p>the physician for signature."</p> <p>3. On 2/20/13 at 9:30 AM, the nursing supervisor, employee M, indicated the plan of care was not signed by the physician until after the certification period ended.</p>			