

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157555	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/17/2012
NAME OF PROVIDER OR SUPPLIER A PLUS HOME HEALTH CARE INCORPORATED			STREET ADDRESS, CITY, STATE, ZIP CODE 2246-A INDUSTRIAL DR HIGHLAND, IN 46322		
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G0000	<p>This visit was for a home health federal recertification survey. The survey was partially extended on 2/16/12.</p> <p>Facility #: IN003986.</p> <p>Medicaid Vendor #: N/A.</p> <p>Dates of Survey: February 14, 15, 16, and 17, 2012.</p> <p>Number of records reviewed: 12</p> <p>Surveyor: Janet Brandt, RN,PHNS.</p> <p>Unduplicated skilled admissions: 290 Current census:157</p> <p>Quality review: Joyce Elder, MSN, BSN, RN February 22, 2012</p>	G0000			

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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G0121	<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 clinical record, procedure, and document review; observation; and interview, the agency failed to ensure staff followed agency infection control procedures for 1 of 3 skilled nurse visits (patient #4) observed with the potential to affect all patients receiving wound care from the agency.</p> <p>Findings include</p> <p>1. Clinical record #4, start of care (SOC) 6/13/11, plan of care (POC) for certification period 2/8/12-4/7/12, evidenced orders for "skilled nurse [SN] "to assess wound site: coccyx and both great toes. Treatment: Cleanse toes with 0.9 Normal Saline [NS] apply Bacitracin ointment, cover with 2X2 gauze secure with tape daily and cleanse Stage 2 decub [pressure ulcer] in the coccyx with 0.9 NS, apply Xanaderm ointment and Calmoseptic cream BID [twice a day] and PRN [when necessary]."</p> <p>2. On 2/16/12 at 9:15 A.M., Employee K was observed providing wound care to a Stage II decubitus ulcer on the sacrum for patient #4. Employee K sanitized hands, sanitized equipment, donned gloves, and</p>	G0121	<p>G121 The Director of Nursing has inserviced the nursing staff on the importance of proper wound care and following infection control procedures. The proper wound care techniques were discussed, as per the Agency's procedures. The importance of frequent and appropriate hand cleaning was emphasized, as well as the importance of disposing of soiled gauze after use, and using only sterile gauze to clean the inside of the wound. Lastly, it was emphasized that any tools being used, such as scissors, must be properly sanitized first. (See Attachment A)</p> <p>In addition, the nursing staff was provided with a copy of the Agency's procedures for proper wound care. (See Attachment B)</p> <p>Any nurses providing wound care will be evaluated for competency by a direct supervisory visit for proper wound care on their first wound care visit beginning March 10, 2012. (See Attachment C)</p> <p>The Director of Nursing will be responsible for implementation of these corrective actions and to ensure that this deficiency is corrected and does not recur.</p>	03/05/2012			

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	<p>took patient's vital signs. Employee K removed gloves, but failed to sanitize hands prior to applying another set of gloves. Employee K then removed the soiled dressing, placed it in a waste can and, without changing gloves, picked up and opened the packet containing the clean dressing and laid it next to other treatment supplies on the end of the bed. Employee changed gloves without washing hands and obtained a paper tape to measure the wound length and width. Employee K then took a gauze moistened with NS and proceeded to cleanse the wound, starting at the inside of the wound and working to the outside of the wound. After cleaning the entire circumference of the wound, Employee K used the same soiled gauze to start over, cleaning from the inside of the wound outward again. Employee K then applied the Calmoseptine ointment. The power of attorney for the patient cut open the Xenoderm ointment packet with scissors that had not been sanitized and handed the packet to Employee K. Employee K applied the Xenoderm ointment to the wound and applied the clean dressing to the wound.</p> <p>3. The undated procedure titled "Standard Precautions / Universal Precautions" states, "Wash hands after removing gloves."</p>			
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	<p>4. The undated procedure titled "Infection Control" states, "1. Wash hands thoroughly ... after removing gloves."</p> <p>5. The undated procedure titled "Wound Precautions" states, "1. Wash hands ... after removing soiled dressing."</p> <p>6. Review of the Indiana Administrative Code 410 IAC 1-4-8 : Precautions generally.</p> <p>Sec. 8, (7): Hand hygiene shall be performed before and after touching a potential source, before a clean or aseptic procedure, after a risk of body fluid exposure, after contact with inanimate surfaces and objects in the immediate vicinity of a potential source, and after removing gloves.</p> <p>(8): The use of gloves shall not replace the need for hand hygiene.</p> <p>7. At 9:30 AM 2/16/12, Employee K verbalized the training received from the agency consisted of cleaning the wound starting at the inner aspect of the wound and working in a circular manner outwards toward the edge of the wound without applying the moistened gauze to an area more than one time. Employee K indicated the gloves used to dispose of the</p>						

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	soiled dressing should not have been used to open the package containing the clean dressing.			

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G0158	<p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>Based on interview and review of the medical records, the agency failed to ensure visits were made as ordered on the Plan of Care for 1 of 12 active clinical records reviewed with the potential to affect all the agency's patients. (#2)</p> <p>Findings include:o</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care 11/15/11, included a plan of care for the certification period 1/14/12 - 3/13/12 with orders for skilled nursing (SN) to visit 1 time a week for 9 weeks. The record failed to evidence a SN visit during week 1. 2. The Director of Nursing, on 2/17/12 at 1 P.M., indicated there was no further documentation available for the record. 	G0158	G158 The Director of Nursing has inserviced all nursing staff to explain the proper visit frequency and the importance that visits are made as ordered on the plan of care and that proper visit frequency will be followed as order. The Director of Nursing also explained proper documentation techniques for any deviations from the POC, as well as the appropriate procedures for informing the patient's Supervising Physician of any missed visits. Lastly, the Director of Nursing emphasized the importance of being aware of the dates of certification period starts and performing visits on proper dates. (See Attachment D) 80% of all clinical records will be audited quarterly for evidence that the visit frequency listed in the plan of care is met. The Director of Nursing will be responsible for implementing and monitoring these corrective measures to ensure the deficiency is corrected and will not recur.	03/05/2012			

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N0470	<p>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 clinical record, procedure, and document review; observation; and interview, the agency failed to ensure staff followed infection control procedures for 1 of 3 skilled nurse visits (patient #4) observed with the potential to affect all patients receiving wound care from the agency.</p> <p>Findings include</p> <p>1. Clinical record #4, start of care (SOC) 6/13/11, plan of care (POC) for certification period 2/8/12-4/7/12, evidenced orders for "skilled nurse [SN] "to assess wound site: coccyx and both great toes. Treatment: Cleanse toes with 0.9 Normal Saline [NS] apply Bacitracin ointment, cover with 2X2 gauze secure with tape daily and cleanse Stage 2 decub [pressure ulcer] in the coccyx with 0.9 NS, apply Xanaderm ointment and Calmoseptic cream BID [twice a day] and PRN [when necessary]."</p> <p>2. On 2/16/12 at 9:15 A.M., Employee K was observed providing wound care to a Stage II decubitus ulcer on the sacrum for</p>	N0470	<p>N470 The Director of Nursing has inserviced the nursing staff on the importance of proper wound care and following infection control procedures. The proper wound care techniques were discussed, as per the Agency's procedures. The importance of frequent and appropriate hand cleaning was emphasized, as well as the importance of disposing of soiled gauze after use, and using only sterile gauze to clean the inside of the wound. Lastly, it was emphasized that any tools being used, such as scissors, must be properly sanitized first. (See Attachment A)</p> <p>In addition, the nursing staff was provided with a copy of the Agency's procedures for proper wound care. (See Attachment B)</p> <p>Any nurses providing wound care will be evaluated for competency by a direct supervisory visit for proper wound care on their first wound care visit beginning March 10, 2012. Additionally, any patient who has a wound not showing improvement will have a supervisory visit performed to ensure proper techniques are being followed. (See Attachment C)</p> <p>The Director of Nursing and Nursing Supervisor will be responsible for implementation and monitoring of these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	03/05/2012	

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	<p>patient #4. Employee K sanitized hands, sanitized equipment, donned gloves, and took patient's vital signs. Employee K removed gloves, but failed to sanitize hands prior to applying another set of gloves. Employee K then removed the soiled dressing, placed it in a waste can and, without changing gloves, picked up and opened the packet containing the clean dressing and laid it next to other treatment supplies on the end of the bed. Employee changed gloves without washing hands and obtained a paper tape to measure the wound length and width. Employee K then took a gauze moistened with NS and proceeded to cleanse the wound, starting at the inside of the wound and working to the outside of the wound. After cleaning the entire circumference of the wound, Employee K used the same soiled gauze to start over, cleaning from the inside of the wound outward again. Employee K then applied the Calmoseptine ointment. The power of attorney for the patient cut open the Xenoderm ointment packet with scissors that had not been sanitized and handed the packet to Employee K. Employee K applied the Xenoderm ointment to the wound and applied the clean dressing to the wound.</p> <p>3. The undated procedure titled "Standard Precautions / Universal</p>				

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	<p>Precautions" states, "Wash hands after removing gloves."</p> <p>4. The undated procedure titled "Infection Control" states, "1. Wash hands thoroughly ... after removing gloves."</p> <p>5. The undated procedure titled "Wound Precautions" states, "1. Wash hands ... after removing soiled dressing."</p> <p>6. Review of the Indiana Administrative Code 410 IAC 1-4-8 : Precautions generally.</p> <p>Sec. 8, (7): Hand hygiene shall be performed before and after touching a potential source, before a clean or aseptic procedure, after a risk of body fluid exposure, after contact with inanimate surfaces and objects in the immediate vicinity of a potential source, and after removing gloves.</p> <p>(8): The use of gloves shall not replace the need for hand hygiene.</p> <p>7. At 9:30 AM 2/16/12, Employee K verbalized the training received from the agency consisted of cleaning the wound starting at the inner aspect of the wound and working in a circular manner outwards toward the edge of the wound without applying the moistened gauze to</p>			
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N0522	<p>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 interview and review of the medical records, the agency failed to ensure visits were made as ordered on the Plan of Care for 1 of 12 active clinical records reviewed with the potential to affect all the agency's patients. (#2)</p> <p>Findings include:o</p> <ol style="list-style-type: none"> 1. Clinical record #2, start of care 11/15/11, included a plan of care for the certification period 1/14/12 - 3/13/12 with orders for skilled nursing (SN) to visit 1 time a week for 9 weeks. The record failed to evidence a SN visit during week 1. 2. The Director of Nursing, on 2/17/12 at 1 P.M., indicated there was no further documentation available for the record. 	N0522	<p>N522 The Director of Nursing has inserviced all nursing staff to explain the proper visit frequency and the importance that visits are made as ordered on the plan of care and that proper visit frequency will be followed as ordered. The Director of Nursing also explained proper documentation techniques for any deviations from the POC, as well as the appropriate procedures for informing the patient's Supervising Physician of any missed visits. Lastly, the Director of Nursing emphasized the importance of being aware of the dates of certification period starts and performing visits on proper dates. (See Attachment D) 80% of all clinical records will be audited quarterly for evidence that the visit frequency listed in the plan of care is met. The Director of Nursing will be responsible for implementing and monitoring these corrective measures to ensure the deficiency is corrected and will not recur.</p>	03/05/2012			