

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G0000	<p>This was a revisit for an extended federal home health recertification survey conducted December 27, 28, and 31, 2012.</p> <p>Facility provider number: 009467</p> <p>Survey date: February 12, 2013</p> <p>Medicaid vender number: 200928760FW</p> <p>Surveyor: Bridget Boston, RN, Public Health Nurse Surveyor</p> <p>Census: 10 Number of Skilled patients: 2 Number of Unskilled patients: 8</p> <p>During this survey, one Condition of Participation and 20 standard level deficiencies were found corrected. One Condition of Participation and 7 standard level deficiencies were recited.</p> <p>Addus Healthcare Indiana, Inc. continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning February 14, 2013, to February 14, 2015, due to being found was found to be out of compliance with the Condition of Participation 42 CFR 484.36: Home</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	Health Aide services. Quality Review: Joyce Elder, MSN, BSN, RN February 14, 2013				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0141	<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 file and policy and procedure review and interview, the agency failed to ensure the personnel policies related to tuberculosis screening were followed for 6 of 7 files of direct care staff (A, E, F, H, I, and M) reviewed with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. The policy titled "Employment Health Requirements - Employee Providing Patient Care" states, "The agency requires that all employees with direct patient contact adhere to state requirements of employee health to ensure that the employee is physically and medically able to perform their assigned duties and that the employee has no health condition that would create a hazard to patients or themselves. All applicants whose ... offer of employment of employment requires or may require them to provide patient care must submit the following evidence that they do not have infectious tuberculosis ... Tuberculosis -</p>	G0141	An employee or agent of Addus Healthcare who will have direct client contact must complete a tuberculosis test in the manner as required by the Indiana State Department of Health and per Addus policy 9.2.0. Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months, with the most recent within 90 days and the result was negative. Individuals with a documented annual history will undergo an initial tuberculin skin test using the Mantoux method or a quantiferon-TB assay. For individuals needing the second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. Any person with a documented history of tuberculosis or previously positive test result for tuberculosis, or has	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Mantoux Skin Testing ... The Mantoux skin test can be waived if the applicant can provide results of two or more negative Mantoux skin tests results within one year before employment with the most recent Mantoux skin test read within ninety (90) days before the date of offer of employment."</p> <p>2. Personnel record A, date of hire 3/19/12, failed to evidence two negative skin tests within the previous 12 months with the most recent one within the last 90 days or a two step PPD had been administered.</p> <p>Employee A indicated he did not receive any tuberculosis screenings since 12/31/12 and did not have access to his negative history when asked on 2/12/13 at 3:30 PM.</p> <p>3. Personnel record E, a home health aide, date of hire and first patient contact 9/26/12, failed to evidence two or more negative tuberculosis screening within the previous 12 months or a two step PPD had been administered. The file evidenced a Mantoux dated 10/26/11 and 1/7/13.</p> <p>On 2/12/13 at 3:50 PM, employee E indicated she has not had any other</p>		<p>completed treatment for tuberculosis, or has a newly positive results to the tuberculin skin test must have one chest radiograph to exclude a diagnosis of tuberculosis and must provide documentation and sign an attestation on the "Tuberculosis Screening Questionnaire" identifying that the applicant is free from signs and symptoms of tuberculosis. After baseline testing, tuberculosis screening must be completed annually, and include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to chest x-ray as above. All staff providing direct patient contact must provide this current documentation of either an initial 2 step Mantoux skin test or a documented history of an annual Mantoux skin test and confidential personnel health records must contain copies. Personnel health records shall be created and contained separate and confidential from other personnel files and be secured from all staff besides Administrator/Agency Director and Director of Nursing. All personnel, unless they are precluded individuals who need chest x-ray, will get annual TB skin test on 2/25/2013 at the Tippecanoe County Health Department. Any individual who is not in compliance at this time will make second appointment for the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>tuberculosis screenings between 10/26/11 and 1/7/13.</p> <p>4. Personnel record F, a home health aide, date of hire and first patient contact 11/15/12, two negative skin tests within the previous 12 months or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed 10/2/12 and read 10/4/12.</p> <p>5. Personnel record H, a home health aide, date of hire and first patient contact 11/15/12, two negative skin tests within the previous 12 months with the most recent one within the last 90 days or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed 1/8/13 and read 1/11/13.</p> <p>6. Personnel record I, a home health aide, date of hire and first patient contact 11/23/12, failed to evidence two negative skin tests within the previous 12 months or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed on 9/10/12 and read 9/12/12.</p> <p>7. Personnel record M, a home health aide, date of hire and first patient contact 10/11/12, two negative skin tests within the previous 12 months with the most</p>		<p>following week. All staff will be in compliance before 3/9/2013. Future applicants may be offered conditional employment but will not be allowed to perform any duties, beyond general orientation, until all health requirements have been met. The Administrator/Agency Director is responsible for maintaining the standard and will review 100%, of the current personnel records, by 3/12/2013, to ensure that all records are within compliance. Thereafter this will be done on a quarterly basis until 100% compliance is achieved, and then the audits will be performed annually.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>recent one within the last 90 days or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed 3/21/12 and read 3/23/12.</p> <p>8. On 2/12/13 at 5:40 PM, the administrator / director of nursing indicated there was not any further information available.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0202	<p>484.36 HOME HEALTH AIDE SERVICES</p> <p>Based on personnel record and policy review and interview, it was determined the agency failed to ensure the home health aide successfully completed a competency evaluation program before the aide provided care for 5 of 5 aide files reviewed (See G 211), failed to ensure the home health aide met the competency evaluation requirement for 5 of 5 aide files reviewed (See G 212), failed to ensure the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care for 5 of 5 aides files reviewed (See G 213), failed to ensure the home health aide successfully completed a competency evaluation program performed by a registered nurse for 1 of 5 aide files reviewed (See G 217), failed to ensure the home health aide was evaluated by the registered nurse and completed a competency evaluation program in which the aide was evaluated on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section for 5 of 5 aide files reviewed and employed by the agency (See G 218), and failed to ensure documentation evidenced the home health</p>	G0202	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a) (1) (iii), (ix), (x), and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>aide successfully completed a competency evaluation program that demonstrates the requirements of were met before the aide provided care for 5 of 5 aide files reviewed and employed by the agency (See G 221).</p> <p>The cumulative effect of these systemic problems resulted in the agency's inability to ensure safe home health aide care was provided as required by the Condition of Participation 484.36: Home Health Aide services.</p>		<p>care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36.All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
---	--	--	--

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			<p>personnel records quarterly thereafter to ensure 100% percent are within compliance.</p> <p>Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0211	<p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>An individual may furnish home health aide services on behalf of an HHA only after that individual has successfully completed a competency evaluation program as described in this paragraph.</p> <p>Based on personnel file and policy review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program before the aide provided care for 5 of 5 aide files reviewed with the potential to affect all the patients receiving home health aide services. (E, F, G, H and L)</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed.</p>	G0211	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Proper procedures for infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, Recognizing emergencies and knowledge of emergency procedures, and 7) Adequate nutrition and fluid intake.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency</p>		<p>subject areas listed at paragraphs (a) (1) (iii), (ix), (x), and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>and Skill Observation Checklist" dated 8/23/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of proper procedures for 1) Infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, 8) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p>		<p>Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>6. Personnel record L, date of hire 6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0212	<p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section. Based on personnel record and policy review and interview, the agency failed to ensure the home health aide met the competency evaluation requirement for 5 of 5 aide files reviewed with the potential to affect all the patients receiving home health aide services. (E, F, G, H and L)</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a 	G0212	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x),</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Proper procedures for infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, Recognizing emergencies and knowledge of emergency procedures, and 7) Adequate nutrition and fluid intake.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 8/23/12. The file failed to evidence a competency was conducted to evaluate</p>		<p>and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>the individuals performance and knowledge of proper procedures for 1) Infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, 8) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>6. Personnel record L, date of hire 6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus</p>		<p>Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0213	<p>484.36(b)(2)(i) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The competency evaluation must address each of the subjects listed in paragraphs (a) (1)(ii) through (xiii) of this section.</p> <p>Based on personnel record and policy review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care for 5 of 5 aides files reviewed with the potential to affect all the patients receiving home health aide services. (E, F, G, H and L)</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been</p>	G0213	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section,</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>completed.</p> <p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Proper procedures for infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, Recognizing emergencies and knowledge of emergency procedures, and 7) Adequate nutrition and fluid intake.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus</p>		<p>documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records by</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 8/23/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of proper procedures for 1) Infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, 8) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p>		<p>3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>6. Personnel record L, date of hire 6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	personal care skills prior to ant patient assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G0217	<p>484.36(b)(3)(ii) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The competency evaluation must be performed by a registered nurse. The in-service training generally must be supervised by a registered nurse who possesses a minimum of 2 years of nursing experience at least 1 year of which must be in the provision of home health care.</p> <p>Based on personnel record and policy review and interview, the agency failed to ensure the home health aide successfully completed a competency evaluation program performed by a registered nurse for 1 of 5 aide files reviewed with the potential to affect all the patients receiving home health aide services. (E)</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed.</p>	G0217	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was</p>	03/12/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and</p>		<p>completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."		patient.Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0218	<p>484.36(b)(3)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section must be evaluated after observation of the aides performance of the tasks with a patient. The other subject areas in paragraph (a)(1) of this section may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient.</p> <p>Based on personnel record and policy review and interview, the agency failed to ensure the home health aide was evaluated by the registered nurse and completed a competency evaluation program in which the skills listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section were evaluated on a patient or pseudo patient for 5 of 5 aide files reviewed and employed by the agency with the potential to affect all the patients receiving home health aide services. (E, F, G, H and L)</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not</p>	G0218	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed.</p> <p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted on a patient or pseudo patient and that evaluated performance and knowledge of the skills in the subject areas listed a paragraphs (a)(1) iii), (ix), (x), or (xi) of this section.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency</p>		<p>performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>and Skill Observation Checklist" dated 8/23/12. The file failed to evidence a competency was conducted on a patient or pseudo patient and that evaluated performance and knowledge of the skills in the subject areas listed a paragraphs (a) (1) iii), (ix), (x), or (xi) of this section.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted on a patient or pseudo patient and that evaluated performance and knowledge of the skills in the subject areas listed a paragraphs (a) (1) iii), (ix), (x), or (xi) of this section.</p> <p>6. Personnel record L, date of hire 6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted on a patient or pseudo patient and that evaluated performance and knowledge of the skills in the subject areas listed a paragraphs (a)</p>		<p>aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	(1) iii), (ix), (x), or (xi) of this section. 7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
G0221	<p>484.36(b)(5) COMPETENCY EVALUATION & IN-SERVICE TRAI</p> <p>The HHA must maintain documentation which demonstrates that the requirements of this standard are met.</p> <p>Based on personnel record and policy review and interview, the agency failed to ensure documentation evidenced the home health aide successfully completed a competency evaluation program that demonstrates the requirements of were met before the aide provided care for 5 of 5 aide files reviewed and employed by the agency with the potential to affect all the patients receiving home health aide services. (E, F, G, H and L)</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed.</p>	G0221	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section,</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Proper procedures for infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, Recognizing emergencies and knowledge of emergency procedures, and 7) Adequate nutrition and fluid intake.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency</p>		<p>documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records by</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>and Skill Observation Checklist" dated 8/23/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of proper procedures for 1) Infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, 8) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p>		<p>3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>6. Personnel record L, date of hire 6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

N0000	<p>This was a revisit for a state home health relicensure survey conducted on December 27, 29, and 31, 2012.</p> <p>Facility provider number: 009467</p> <p>Survey date: February 12, 2013</p> <p>Medicaid vender number: 200928760FW</p> <p>Surveyor: Bridget Boston, RN, Public Health Nurse Surveyor</p> <p>Census: 10</p> <p>Skilled patients: 2 Unskilled patients: 8</p> <p>During this survey, 23 deficiencies were found corrected and 3 deficiencies were recited.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 14, 2013</p>	N0000		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
N0464	<p>410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:</p> <p>(1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.</p> <p>(2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.</p> <p>(3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.</p> <p>(4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on personnel file and policy and procedure review and interview, the agency failed to ensure the personnel files of direct care staff evidenced two negative skin tests within the previous 12 months with the most recent one within the last 90 days or a two step PPD had been administered as per agency policy for 6 of 7 files reviewed of direct care staff (A, E, F, H, I, and M) reviewed with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <p>1. Personnel record A, date of hire 3/19/12, failed to evidence two negative skin tests within the previous 12 months with the most recent one within the last 90 days or a two step PPD had been administered.</p> <p>Employee A indicated he did not receive any tuberculosis screenings since</p>	N0464	<p>An employee or agent of Addus Healthcare who will have direct client contact must complete a tuberculosis test in the manner as required by the Indiana State Department of Health and per Addus policy 9.2.0.</p> <p>Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months, with the most recent within 90 days and the result was negative. Individuals with a documented annual history will undergo an initial tuberculin skin test using the Mantoux method or a quantiferon-TB assay. For individuals needing the second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>12/31/12 and did not have access to his negative history when asked on 2/12/13 at 3:30 PM.</p> <p>2. Personnel record E, a home health aide, date of hire and first patient contact 9/26/12, failed to evidence two or more negative tuberculosis screening within the previous 12 months or a two step PPD had been administered. The file evidenced a Mantoux dated 10/26/11 and 1/7/13.</p> <p>On 2/12/13 at 3:50 PM, employee E indicated she has not had any other tuberculosis screenings between 10/26/11 and 1/7/13.</p> <p>3. Personnel record F, a home health aide, date of hire and first patient contact 11/15/12, two negative skin tests within the previous 12 months or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed 10/2/12 and read 10/4/12.</p> <p>4. Personnel record H, a home health aide, date of hire and first patient contact 11/15/12, two negative skin tests within the previous 12 months with the most recent one within the last 90 days or a two step PPD had been administered. The file evidenced one Mantoux skin test</p>		<p>tuberculin skin test was administered.</p> <p>Any person with a documented history of tuberculosis or previously positive test result for tuberculosis, or has completed treatment for tuberculosis, or has a newly positive results to the tuberculin skin test must have one chest radiograph to exclude a diagnosis of tuberculosis and must provide documentation and sign an attestation on the "Tuberculosis Screening Questionnaire" identifying that the applicant is free from signs and symptoms of tuberculosis.</p> <p>After baseline testing, tuberculosis screening must be completed annually, and include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to chest x-ray as above. All staff providing direct patient contact must provide this current documentation of either an initial 2 step Mantoux skin test or a documented history of an annual Mantoux skin test and confidential personnel health records must contain copies. Personnel health records shall be created and contained separate and confidential from other personnel files and be secured from all staff besides Administrator/Agency Director and Director of Nursing. All personnel, unless they are precluded individuals who need chest x-ray, will get annual TB skin test on 2/25/2013 at the Tippecanoe County Health Department. Any individual who is not in compliance at this time will</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>was placed 1/8/13 and read 1/11/13.</p> <p>5. Personnel record I, a home health aide, date of hire and first patient contact 11/23/12, failed to evidence two negative skin tests within the previous 12 months or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed on 9/10/12 and read 9/12/12.</p> <p>6. Personnel record M, a home health aide, date of hire and first patient contact 10/11/12, two negative skin tests within the previous 12 months with the most recent one within the last 90 days or a two step PPD had been administered. The file evidenced one Mantoux skin test was placed 3/21/12 and read 3/23/12.</p> <p>7. The policy titled "Employment Health Requirements - Employee Providing Patient Care" states, "The agency requires that all employees with direct patient contact adhere to state requirements of employee health to ensure that the employee is physically and medically able to perform their assigned duties and that the employee has no health condition that would create a hazard to patients or themselves. All applicants whose ... offer of employment of employment requires or may require them</p>		<p>make second appointment for the following week. All staff will be in compliance before 3/9/2013. Future applicants may be offered conditional employment but will not be allowed to perform any duties, beyond general orientation, until all health requirements have been met. The Administrator/Agency Director is responsible for maintaining the standard and will review 100%, of the current personnel records, by 3/12/2013, to ensure that all records are within compliance. Thereafter this will be done on a quarterly basis until 100% compliance is achieved, and then the audits will be performed annually.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>to provide patient care must submit the following evidence that they do not have infectious tuberculosis ... Tuberculosis - Mantoux Skin Testing ... The Mantoux skin test can be waived if the applicant can provide results of two or more negative Mantoux skin tests results within one year before employment with the most recent Mantoux skin test read within ninety (90) days before the date of offer of employment."</p> <p>8. On 2/12/13 at 5:40 PM, the administrator / director of nursing indicated there was not any further information available.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
N0596	<p>410 IAC 17-14-1(l)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and Based on personnel file and agency policy review and staff interview, the agency failed to ensure the home health aides that provided services on behalf of the agency had completed a competency evaluation that addressed all of the subject areas found at 410 IAC 17-14-1 Section 1(h) for 5 of 5 home health files reviewed with the potential to affect all the patients receiving home health aide services. (E, F, G, H and L)</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the</p>	N0596	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed.</p> <p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Proper procedures for infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, Recognizing emergencies and knowledge of emergency procedures, and 7)</p>		<p>evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x), and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Adequate nutrition and fluid intake.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 8/23/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of proper procedures for 1) Infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, 8) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function</p>		<p>evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>6. Personnel record L, date of hire 6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient assignment. ... Evaluation of demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
N0598	<p>410 IAC 17-14-1(l)(2) Scope of Services Rule 14 Sec. 1(l)(2) The home health agency shall maintain documentation which demonstrates that the requirements of this subsection and subsection (h) of this rule were met.</p> <p>Based on personnel record and policy review and interview, the agency failed to ensure documentation evidenced home health aides successfully completed a competency evaluation program prior to patient contact for 5 of 5 home health aide files reviewed E, F, G, H and L) with the potential to affect all the patients of the agency.</p> <p>The findings include:</p> <p>1. On 2/12/13 at 11:38 AM, employee A indicated employees E, F, G, H, and L are currently employed by the agency and provide aide services to current patients on behalf of the agency. Employee A indicated the agency became aware on January 7, 2013, the need to obtain the services of a registered nurse, not employed by the agency, to evaluate the skills and competency of the individuals providing aide services on behalf of the agency. He indicated the agency had not procured these services when asked and the aides' competency exams had not been completed.</p>	N0598	<p>Administrator/Agency Director is responsible for maintaining the standard. Administrator/Agency Director has read and in-serviced Field Clinicians on policies, "Home Health Aide Services" 4.9.0, dated 6/4/2011, "Home Health Aide In-service Education" 4.10.0, dated 4/14/2011, "Home Health Aide Supervision" 4.11.0, dated 6/7/2011, and "Home Health Aide Competency" 4.12.0, dated 4/14/2011. Correction has been made to procedures to comply with 42 CFR 484.36 to ensure; the home health aide successfully completed a competency evaluation program of sufficient scope and addressed all of the required subjects areas listed at paragraphs (a)(1)(ii) through (xiii) of this section before the aide provided care, the home health aide successfully completed a competency evaluation program performed by a registered nurse, the home health aide successfully completed a competency evaluation program that was performed by a registered nurse and a competency evaluation was completed on a patient or pseudo patient in the subject areas listed at paragraphs (a)(1) (iii), (ix), (x),</p>	03/12/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013	
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC				STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>2. Personnel record E, date of hire and first patient contact 9/26/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 9/26/12. The employee signed the document; there was not a signature of a registered nurse, and the content of the document was blank.</p> <p>3. Personnel record F, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Proper procedures for infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, Recognizing emergencies and knowledge of emergency procedures, and 7) Adequate nutrition and fluid intake.</p> <p>4. Personnel record G, date of hire 8/3/12 and first patient contact 8/23/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated</p>		<p>and (xi) of this section, documentation evidenced the home health aide successfully completed a competency evaluation program before the aide provided care, the registered nurse provided care instructions for the home health aide, and the registered nurse conducted a supervisory visit at least every 14 days for skilled patients with aide services and/or every 30 days for patients with aide services only. Administrator/Agency Director has contracted, beginning 2/01/2013 with a Registered Nurse Consultant to provide home health aide training and competency to comply with 42 CFR 484.36. All current Addus personnel employed in the role of Home Health Aide shall be retrained and shall complete another competency evaluation performed by the Registered Nurse Consultant, no later than March 12 th , 2013. The evaluation of the aide's competence shall be carefully documented, contain all of the required subjects areas of 42 CFR 484.36 listed at paragraphs (a)(1)(ii) through (xiii) and will specify the exact tasks the aide was evaluated as competent to perform. The tasks will be evaluated after observation of the aide's performance of the tasks with a patient or pseudo patient. Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>8/23/12. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of proper procedures for 1) Infection control procedures and universal precautions, 2) Basic elements of body functioning, 3) Body mechanics, 4) Range of motion, 5) Bed bath, 6) Shower or sponge bath, 7) Changes in body function that must be reported to an aide's supervisor, 8) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>5. Personnel record H, date of hire and first patient contact 11/15/12, evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist" dated 11/15/12 and 1/3/13. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>6. Personnel record L, date of hire</p>		<p>Health Aide personnel records by 3/12/2013 to ensure that all Addus Personnel are within compliance.</p> <p>Administrator/Agency Director and Registered Nurse Consultant shall audit all of Home Health Aide personnel records quarterly thereafter to ensure 100% percent are within compliance. Administrator/Agency Director shall maintain records of Home Health Aide Training and Competency Program and ensure that Home Health Aides are active and in good standing on the state registry.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>6/13/12 and first patient contact 7/28/12 evidenced a document titled "Addus Health Aide / Nurse Aide Competency and Skill Observation Checklist." The document contains two dates. The first date is not clear, and has been written over throughout the document; the second date is 1/3/13 and completed by employee C. The file failed to evidence a competency was conducted to evaluate the individuals performance and knowledge of 1) Basic elements of body functioning, 2) Body mechanics, 3) Range of motion, 4) Bed bath, 5) Shower or sponge bath, 6) Changes in body function that must be reported to an aide's supervisor, 7) Recognizing emergencies and knowledge of emergency procedures, and 9) Adequate nutrition and fluid intake.</p> <p>7. The policy titled "Home Health Aide Competency Evaluation" dated 4/14/11 stated, "Purpose: To evaluate Home Health Aide knowledge of basic concepts that are needed to give safe and effective care in compliance with regulations. Policy: All newly hired and reactivating Home Health aides are expected to complete and pass knowledge based written exams with a score of 75 % and demonstrates satisfactory performance of personal care skills prior to ant patient assignment. ... Evaluation of</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (INDIANA) INC	STREET ADDRESS, CITY, STATE, ZIP CODE 674 N 36TH ST LAFAYETTE, IN 47905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	demonstrated personal care skills conducted on a patient will be conducted by a registered nurse and include: a. Reading and recording temperature, pulse, and respiration, b. Sponge, tub, shower bath, c. Nail and skin care, d. Oral hygiene, e. Toileting and elimination, f. Safe transfer techniques and ambulation, g. Basic infection control procedures, and h. Normal range of motion and positioning. ... The evaluation of the aide's competence must be carefully documented, specifying the exact tasks the aide was evaluated as competent to perform."			