

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  157430	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/03/2012
NAME OF PROVIDER OR SUPPLIER  HCMH HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 798 N 16TH ST NEW CASTLE, IN 47362		
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G0000	<p>This visit was a home health agency Federal recertification survey.</p> <p>Survey dates: October 1, 2, and 3, 2012</p> <p>Facility #: 008652</p> <p>Medicaid vendor #: 200140230A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Census by Service Type</p> <p>Skilled Patients 318 Home Health Aide Only Patients 0 Personal Service Only Patients 0 Total 318</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 5, 2012</p>	G0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G0121	<p><b>484.12(c)</b> <b>COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</b> The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on clinical record review, observation, and interview, the agency failed to ensure accepted infection control procedures were followed in 2 of 6 home visits conducted with the potential to effect all 43 patients.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On October 1, 2012, at 2:35 PM, Employee B, a home health aide (HHA), was observed giving patient # 1 a bed bath. The HHA washed the upper torso and changed the water. The HHA then washed under the abdominal flap, started at the top of the vagina and washed downward to the catheter tubing. The HHA rinsed in the same manner. Clinical record #1 evidenced the patient was subject to urinary tract infections.</li> <li>On October 3, 2012, at 12:30 PM, Employee C, a registered nurse (RN), was observed changing the wound vac for patient # 6. The patient had already received a bed bath and had the wound vac removed with a piece of gauze placed over the stage 2 wound on the</li> </ol>	G0121	<p>G121 The Home Care Director educated the Home Health Aide Staff by means of face to face communication on 10/4/12 of failure to ensure accepted infection control procedures in a home visit. The Home Care Clinical Coordinator has provided Home Health Aide staff with a copy of Henry County Hospital Nursing Procedure/Patient Care Urological Care Section 9.7 Meatal Care for Patients with Indwelling Catheters (see attached copy). The Home Care Clinical Coordinator also provided the Home Health Aide staff with a copy of guidelines for providing personal care and Catheter Care in-services (see attached copy "HHA in-services") that exist as a part of yearly in-service education already in place. The Clinical Coordinator will receive confirmation of review from Home Health Aide Staff of nursing procedures and in-service education by 10/19/12. The Home Health Aide Staff will be evaluated for understanding by a on site skill demonstration check off by 10/19/12. Nursing/Patient Care Procedures are always available to staff in Patient Care Binder located in the</p>	10/19/2012	

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	<p>coccyx. The RN prepared her work area, sanitized her hands, and put on her gloves. She helped roll the patient to the side and removed the gauze from the wound. Without changing her gloves, she continued to cleanse the wound with gauze and wound cleanser, handled the sterile end of the sterile q-tip and placed it within the wound for cleansing of the wound, and then took off her gloves and cleansed her hands.</p> <p>3. On October 3, 2012, at 3:00 PM, Employee A the Administrator, who observed all the home visits, was in agreement with the findings.</p> <p>4. The website <a href="http://www.nursingassistanteducation.com">http://www.nursingassistanteducation.com</a> identifies how to give a bed bath and includes instructions on performing perineal care for men and women who do not have a perineal catheter. The instructions state, "Fill the bath basin with clean water at 110 degrees ... and wash, rinse and dry the rectal area." The instructions include specific instructions on how to wash the perineal area before the rectal area which are different for men and women.</p>		<p>Home Care office for reference. The Home Care Director will ensure that HHA will continue with yearly education on personal care and Catheter Care already in place. The HHA staff is evaluated on a yearly basis on personal care and catheter care will be added to the yearly skill demonstration check off and prior to being able to provide care for a patient with indwelling catheter. The Director of Home Care will be responsible for ensuring all staff is educated and demonstrates appropriate skill level yearly to make certain infection control procedures are followed as indicated in 484.12(c) Compliance with accepted professional standards Re-education and check off for Home Health Aide Staff will be completed by 10/19/12. G121 The Home Care Director educated the Home Care Nursing Staff 10/4/12 by means of face to face communication as a part of Case Conference meeting following the survey exit interview of failure to ensure accepted infection control procedures in a home visit. The Home Care Clinical Coordinator provided Home Health Nurses with a copy of the Henry County Hospital Nursing Procedure General Therapeutic Measure Section 7.14 Sterile Dressing procedures (see attached copy) The Clinical Coordinator will receive confirmation of review from</p>		

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			Nursing Staff by 10/19/12. The nursing staff will be evaluated for understanding of sterile dressing change procedures by an on site skill demonstration check off by 10/19/12 Nursing/Patient Care Procedures are always available to staff in Patient Care Binder located in the Home Care office for reference. The Home Care Director will provide Nursing Staff with a copy of Nursing Procedure General Therapeutic Measure Section 7.14 Sterile Dressing procedures to review with yearly sterile dressing change demonstration check off already in place. The director of Home Care will be responsible for ensuring all Nursing staff is educated and can demonstrate appropriate skill level yearly to make certain infection control procedures are followed and indicated in 484.12 Compliance with accepted professional standards. Re education of Nursing Staff will be completed by 10/19/12.	

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N0000	<p>This visit was a home health agency state licensure survey.</p> <p>Survey dates: October 1, 2, and 3, 2012</p> <p>Facility #: 008652</p> <p>Medicaid vendor #: 200140230A</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 5, 2012</p>	N0000					

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <ul style="list-style-type: none"> <li>(A) Be developed in consultation with the home health agency staff.</li> <li>(B) Include all services to be provided if a skilled service is being provided.</li> <li>(B) Cover all pertinent diagnoses.</li> <li>(C) Include the following: <ul style="list-style-type: none"> <li>(i) Mental status.</li> <li>(ii) Types of services and equipment required.</li> <li>(iii) Frequency and duration of visits.</li> <li>(iv) Prognosis.</li> <li>(v) Rehabilitation potential.</li> <li>(vi) Functional limitations.</li> <li>(vii) Activities permitted.</li> <li>(viii) Nutritional requirements.</li> <li>(ix) Medications and treatments.</li> <li>(x) Any safety measures to protect against injury.</li> <li>(xi) Instructions for timely discharge or referral.</li> <li>(xii) Therapy modalities specifying length of treatment.</li> <li>(xiii) Any other appropriate items.</li> </ul> </li> </ul> <p>Based on clinical record review and interview, the agency failed to ensure the physical and occupational therapist developed a specific duration of visits for 8 of 8 records reviewed of patients receiving therapy services with the potential to affect all patients who receive therapy services. (2, 3, 4, 7, 8, 9, 10, and 11)</p> <p>Findings:</p>	N0524	N 524 The Home Care Director educated PT, OT & ST staff via phone immediately following survey exit interview on 10/3/12 that all Therapy Evaluations must have a specific time period for the duration of the therapy. The Home Care Clinical Coordinator will educate all PT, OT & ST staff of 410 IAC 17-13-1(a)(1) (See attached copy) in writing will receive confirmation of review by the therapist by 10/19/12. All Therapy Evaluations will be reviewed for a 12 week period by	10/19/2012			

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	<p>1. Clinical record 2, start of care (SOC) 8/12/12, included a plan of care for the certification period 8/12/12 to 10/10/12 with orders for physical therapy orders (PT) 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>2. Clinical record 3, SOC 3/29/12, included a plan of care for the certification period 7/27/12 to 9/24/12 with orders for PT 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>3. Clinical record 4, SOC 7/9/12, included a plan of care for the certification period 7/9/12 to 9/6/12 with orders for PT 1-2 times a week for 3-4 weeks and orders for occupational therapy (OT) orders 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>4. Clinical record 7, SOC 9/15/12, included a plan of care for the certification period 9/15/12 to 11/13/12 with orders for PT 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>5. Clinical record 8, SOC 9/19/12, included a plan of care for the certification period 9/19/12 to 11/17/12</p>		Home Care Director for specified time period of the duration of therapy. After January 1, 2013 at least 10% of the clinical records will be audited for evidence that therapy evaluations visit schedule is written in accordance with 410 IAC 17-13-1(a)(1) as a part of clinical record review. The Director of Home Care will be responsible for Therapy staff education and for monitoring the Therapy Evaluations to ensure that all Therapy plans of care have specific duration of Therapy Services. Education and Monitoring will be in completed and in place by 10/19/12.				

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	<p>with orders for PT 1-2 times a week for 3-4 weeks and orders for OT 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>6. Clinical record 9, SOC 9/9/12, included a plan of care for the certification period 9/9/12 to 11/7/12 with orders for PT 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>7. Clinical record 10, SOC 2/9/12, included a plan of care for the certification period 2/9/12 to 4/5/12 with orders for PT 1-2 times a week for 3-4 weeks and orders for OT 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>8. Clinical record 11, SOC 2/28/12, included a plan of care for the certification period 2/28/12 to 4/27/12 with orders for PT 1-2 times a week for 3-4 weeks and orders for OT 1-2 times a week for 3-4 weeks. The duration 3-4 weeks was not a specific time period.</p> <p>9. On October 3, 2012, at 3 PM, Employee A, the Administrator, indicated the durations were a range.</p>						

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