

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157601	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2013
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NAME OF PROVIDER OR SUPPLIER CARDINAL HOME HEALTH SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7863 BROADWAY STE 202 MERRILLVILLE, IN 46410
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N0000	<p>This visit was for a state home health agency relicensure survey.</p> <p>Survey date: February 14, 15, and 18, 2013</p> <p>Facility #: 006655</p> <p>Medicaid #: 200933890</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health NS</p> <p>Census: 164 skilled unduplicated admissions for past year 42 Home Health Aide only patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 19, 2013</p>	N0000		

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

TITLE

(X6) DATE

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

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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> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record review, policy review, and staff and patient interview, the agency failed to ensure the plan of care included an accurate list of medications for 1 of 7 records reviewed (#7) with the potential to affect all of the agency's patients.</p> <p>Findings</p>	N0524	The Alternate Director of Nursing conducted an In-service regarding policy pertaining to Plan of Care and Medication Profile. Reiterated to nurses and physical therapists to do a medication review every visit, and update medication profile to ensure that the list is current and accurate. They will be required to initial their skilled notes under medication review to ensure 100% compliance. Chart review shall be done monthly by the Director of Nursing along with the	02/22/2013			

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	<p>1. Clinical record #7, start of care 6/5/12, included a plan of care for the certification period 1/31/13 - 3/31/13 that included the medication, fentanyl patch 50 micrograms 1 patch topically every 72 hours, The medication profile evidenced the medication had started on 7/31/12 and had not been discontinued.</p> <p>2. On 2/18/13 at 9:40 AM, patient #7 indicated only using the fentanyl patch ordered by the physician in July 2012. Patient #7 indicated feeling dizzy when using the patch and decided to not use it anymore. The patient indicated the patch was only used one time.</p> <p>3. On 2/18/13 at 9:40 AM, Employee C indicated the patient had not used the medication since the past summer.</p> <p>4. On 2/18/13 at 3:30 PM, Employee L indicated the plan of care failed to show that the patient had discontinued use of the fentanyl patch.</p> <p>5. The agency policy titled "Plan of Care" with an effective date of 8-13-07 and review date of 8-10-12 stated, "The plan of care shall be completed in full to include ... Medications, treatments, and procedures ... Professional staff shall promptly alert the physician to any changes that suggest a need to alter the</p>		Alternate Director of Nursing to ensure strict compliance.				

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N0542	<p>410 IAC 17-14-1(a)(1)(C) Scope of Services Rule 14 Sec. 1(a) (1)(C) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (C) Initiate the plan of care and necessary revisions. Based on clinical record review and staff and patient interview, the agency failed to ensure the registered nurse revised the plan of care when the patient was no longer taking a medication for 1 of 7 records reviewed (#7) with the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #7, start of care 6/5/12, included a plan of care for the certification period 1/31/13 - 3/31/13 that included the medication, fentanyl patch 50 micrograms 1 patch topically every 72 hours, The medication profile evidenced the medication had started on 7/31/12 and had not been discontinued.</p> <p>2. On 2/18/13 at 9:40 AM, patient #7 indicated only using the fentanyl patch ordered by the physician in July 2012. Patient #7 indicated feeling dizzy when using the patch and decided to not use it anymore. The patient indicated the patch was only used one time.</p>	N0542	<p>The Alternate Director of Nursing conducted an In-service regarding policy pertaining to Plan of Care and Medication Profile. Reiterated to nurses and physical therapists to do a medication review every visit, and update medication profile to ensure that the list is current and accurate. They will be required to initial their skilled notes under medication review to ensure 100% compliance. Chart review shall be done monthly by the Director of Nursing along with the Alternate Director of Nursing to ensure strict compliance.</p>	02/22/2013			

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	<p>3. On 2/18/13 at 9:40 AM, Employee C indicated the patient had not used the medication since the past summer.</p> <p>4. On 2/18/13 at 3:30 PM, Employee L indicated the plan of care failed to show that the patient had discontinued use of the fentanyl patch.</p>			

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N0546	<p>410 IAC 17-14-1(a)(1)(G) Scope of Services Rule 14 Sec. 1(a) (1)(G) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (G) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise and teach other nursing personnel.</p> <p>Based on clinical record review, policy review, and staff and patient interview, the agency failed to ensure the registered nurse informed the physician when the patient discontinued use of a medication for 1 of 7 records reviewed (#7) with the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #7, start of care 6/5/12, included a plan of care for the certification period 1/31/13 - 3/31/13 that included the medication, fentanyl patch 50 micrograms 1 patch topically every 72 hours, The medication profile evidenced the medication had started on 7/31/12 and had not been discontinued. The record failed to evidence the physician was notified when the patient discontinued the medication.</p>	N0546	In-service regarding policy pertaining to Physician's Orders, Plan of Care and Medication Profile was conducted by the Alternate Director of Nursing. Emphasized to nurses and physical therapists to do a thorough medication review every visit, and update medication profile to ensure that the list is current and accurate. They will be required to initial their skilled notes under medication review to ensure 100% compliance. Chart review shall be done monthly by the Director of Nursing along with the Alternate Director of Nursing to ensure strict compliance.	02/22/2013			

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	<p>2. On 2/18/13 at 9:40 AM, patient #7 indicated only using the fentanyl patch ordered by the physician in July 2012. Patient #7 indicated feeling dizzy when using the patch and decided to not use it anymore. The patient indicated the patch was only used one time.</p> <p>3. On 2/18/13 at 9:40 AM, Employee C indicated the patient had not used the medication since the past summer.</p> <p>4. On 2/18/13 at 3:30 PM, Employee L indicated the plan of care failed to show that the patient had discontinued use of the fentanyl patch.</p> <p>5. The agency policy titled "Plan of Care" with an effective date of 8-13-07 and review date of 8-10-12, stated, "The plan of care shall be completed in full to include ... Medications, treatments, and procedures ... Professional staff shall promptly alert the physician to any changes that suggest a need to alter the plan of care."</p>				

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N0586	<p>410 IAC 17-14-1(h) Scope of Services Rule 14 Sec. 1(h) Home health aides must receive continuing education. Such continuing education shall total at least twelve (12) hours from January 1 through December 31, inclusive, with a minimum of eight (8) hours in any eight (8) of the following subject areas:</p> <p>(1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff.</p> <p>(2) Observing, reporting, and documenting patient status and the care or service furnished.</p> <p>(3) Reading and recording temperature, pulse, and respiration.</p> <p>(4) Basic infection control procedures and universal precautions.</p> <p>(5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.</p> <p>(6) Maintaining a clean, safe, and healthy environment.</p> <p>(7) Recognizing emergencies and knowledge of emergency procedures.</p> <p>(8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property.</p> <p>(9) Appropriate and safe techniques in personal hygiene and grooming that include the following:</p> <p>(A) Bed bath. (B) Bath; sponge, tub or shower. (C) Shampoo, sink, tub, or bed. (D) Nail and skin care. (E) Oral hygiene.</p>						

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	<p>(F) Toileting and elimination. (10) Safe transfer techniques and ambulation. (11) Normal range of motion and positioning. (12) Adequate nutrition and fluid intake. (13) Medication assistance. (14) Any other task that the home health agency may choose to have the home health aide perform.</p> <p>Based on agency document review, interview, and policy review, the agency failed to ensure the home health aide received 12 hours of inservice education for 2012 in 1 of 3 home health aide files reviewed of aides who were employed during the entire year of 2012 (file K) with the potential to affect all the patients who receive home health aide services.</p> <p>Findings</p> <p>1. The agency policy titled "Inservice Education / Staff Development" with an effective date of August 13, 2007, and review date of August 10, 2012, stated, "The Home Health Aide must complete 12 hours per year in lecture, video inservices, or in the client home while providing care."</p> <p>2. Employee file K evidenced the aide attended 4 hours of inservice in 2012. Agency documents showed that Employee K attended the following inservices and did not attend any other</p>	N0586	The Alternate Director of Nursing conducted an in-service regarding policy on In-service and Staff development. Monthly in-service shall be scheduled every 15th of the month, and if it falls on weekends, it shall be Friday prior to the 15th. Monthly in-service schedule shall be posted and kept at the bulletin board which will serve as a reminder for everyone to avoid absences and ensure 100% attendance. In the event that the HHA failed to attend the scheduled in-service, the human resource manager shall be responsible in contacting the Home Health Aide to schedule the soonest possible time the in-service that was missed. A checklist of Home Health Aide in-service shall be audited every quarterly by the Director of Nursing and Human Resource Manager to ensure 100% compliance. The Alternate Director of Nursing conducted a one on one in-service to employee (file k) to complete the 8 hours inservice that she missed. Topics as follows: - Fire and Safety -TB Exposure Control	02/21/2013

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	<p>hours of inservices. These documents evidenced this employee's attendance for 2012:</p> <p>a. A sign in sheet titled "Inservice Training: Topic #3: Infection Control Procedure and Universal Precautions, Nursing Bag Technique and Handwashing" with a date of February 15, 2012, time in 10 AM and time out 11 AM, included Employee K's signature.</p> <p>b. A sign in sheet titled "Inservice Training: Topic #13: Medication Assistance" with a date of March 15, 2012, time in 1 PM and time out 2 PM, included Employee K's signature.</p> <p>c. A sign in sheet titled "Inservice Training: Topic #10 Safe Transfer Techniques and ambulation" with a date of May 15, 2012, time in 2 PM and time out 3 PM, included Employee K's signature.</p> <p>d. A sign in sheet titled "Inservice Training: Topic # 9: Appropriate and safe techniques ... Personal Hygiene and Grooming" with a date of June 15, 2012, time in 11 AM and time out 12 PM, included Employee K's signature.</p> <p>3. On 2/18/13 at 3:30 PM, Employee L, alternate administrator and alternate</p>		<p>Plan and Blood Borne Pathogens -Nutrition and Fluid Intake -Normal Range of Motion and Position -Physical, Emotional and Developmental Needs Including Respect for Patient's Privacy and Property -Communication Skills</p>				

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	director of nursing, indicated Employee K lacked the 12 hours of inservices required.				