

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157051	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2013
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NAME OF PROVIDER OR SUPPLIER HOOSIER UPLANDS HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 500 W MAIN ST MITCHELL, IN 47446
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N000000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey Dates: March 11-14, 2013</p> <p>Facility #: 005269</p> <p>Medicaid #: 100272810A</p> <p>Surveyor: Dawn Snider, RN, BSN, PHNS</p> <p>Census Service Type: 558 Skilled: 494 Home Health Only: 60 Personal Care Only: 4 Total: 554</p> <p>Sample: RR w/HV: 3 HV w/o RR: 0 RR w/o HV: 3 Total: 6</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN March 22, 2013</p>	N000000		

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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N000470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on observation and review of policy, the agency failed to ensure all employees followed proper infection control technique for 2 of 3 (#1 and 3) home visit observations resulting in the potential to spread infectious diseases to other patients and staff.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 3/13/13 at 8:00 AM, the home health aide, employee I, was observed to place her bag on the cloth sofa at the home of patient #1 without a barrier between the bag and the sofa. 2. On 3/13/12 at 9:55 AM, the registered nurse, employee E, was observed to place her bag on the cloth sofa and then the cloth recliner chair at the home of patient #3 without a barrier between the bag and the sofa. <p>At 10:30 AM, Employee E changed the dressing on the pressure area of the</p>	N000470	<p>N470 The Clinical Services Supervisor is ultimately responsible for seeing that direct care employees are educated and compliant with Infection Control Policies and Procedures. This deficiency was not able to be corrected in regards to the actual incident. This deficiency will be prevented in the future via our Bag Technique policy being updated to state, "Place the bag on a clean, dry surface away from small children and pets. It is recommended that the surface be non-porous. If a non-porous surface is not readily available the bag shall be placed on the floor." Staff education via a paper inservice was conducted by the Director of Operations, which included the updated Bag Technique Policy along with a definition of non-porous, and an example that a cloth couch or recliner are not appropriate surfaces. The inservices also contained the handwashing policy and reiterated staff are to wash their hands with each glove change. Also, direct care staff will be monitored to ensure follow through with infection control policies and procedures during</p>	04/09/2013			

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	<p>patient's buttocks. After removing the mepilex dressings, employee E changed gloves without washing her hands.</p> <p>3. The undated policy titled "BAG TECHNIQUE" states, "1. Place the bag on a clean, dry surface away from small children and pets."</p> <p>4. The undated policy titled "HANDWASHING" states, "3. Indications for handwashing include, but are not limited to: ... f. Between each glove change."</p>		competency checks.		

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N000522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows:</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure visits were provided as ordered for 2 of 4 active records reviewed with a written plan of care (#1 and 2) and provided timely for 1 of 2 records reviewed of patients receiving physical therapy (#4) with the potential to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 5/19/09, included plans of care for the certification periods 12/29/12 to 2/26/13 with orders for skilled nurse 1 time week times 9 weeks plus 2, as needed (prn) skilled nurse visits for catheter malfunction. The plan of care for the certification period 2/27/13 to 4/27/13 included orders for skilled nursing visits 3 times week times 9 weeks plus 2 prn visits for catheter malfunction. The physician increased the skilled nurse visits to daily beginning 1/26/13. On 2/4/13 the physician ordered a decrease in skilled nurse visits to 3 times weekly.</p>	N000522	N522 The RN Team Leader/Therapy Services Supervisor are ultimately responsible for seeing a pateints medical services are administered as per the plan of care. Deficiency #1 was corrected by missed visit notes being completed for the SN visits that were missed for the weeks of 2/10, 2/17 aand 2/24/13, and they were sent to the physician. An order was obtained to clarify that 5 SN visits were needed the week of 2/3/13. Deficiency #2 was corrected by missed visit notes being completed for the home health aide visits that were missed 02/22/13 and 02/27/13, and they were sent to the physician. Deficiency #4 could not be corrected in regards to the actual incident. These deficiencies will be prevented in the future via staff receiving a paper inservice which was conducted by the Director of Operations, which included, "1. If a patient requires a visit outside of the ordered frequency, an order must be obtained by the RN/Therapist. 2. If a patient's visit must be missed for any reason, a missed visit note is required. 3. If a PT evaluation is	04/09/2013			

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	<p>A. The clinical record evidenced the patient received 2 additional skilled nurse visits the week of 2/3/13.</p> <p>B. The record failed to evidence the patient received 3 skilled nurse visits the weeks of 2/10/13, 2/17/13, and 2/24/13.</p> <p>C. On 3/12/13 at 11:35 AM, the assistant administrator, employee Q, indicated there was no documentation from the physician for any addition changes in the frequency for the skilled nurse visits.</p> <p>2. Clinical record #2, start of care 12/8/12, included plans of care for the certification periods 12/8/12 to 2/5/13 and 2/6/13 to 4/6/13 with orders for home health aide 3 times a week for 9 weeks. The record failed to evidence 3 home health aide visits were made the weeks of 2/17/13 and 2/24/13.</p> <p>On 3/14/13 at 11:15 AM, the assistant administrator, employee Q, indicated the patient had gone to the physician on 2/22/13 and had refused care on 2/27/13, but the missed visit documentation was not in the patient's record.</p> <p>3. Clinical record # 4, start of care</p>		<p>delayed there must be documentation for the delay, along with documentation the MD was informed of the delay in service." Also, 10% of charts will be audited on a quarterly basis to ensure compliance with the plan of care.</p>				

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	<p>2/10/13, included a plan of care for the certification period 2/10/13 to 4/10/13 with orders for physical therapy to evaluate and treat. The physical therapy assessment visit was made on 2/25/13, 15 days later, with specific orders for treatment obtained from the physician on 3/4/13.</p> <p>On 3/14/13 at 2:15 PM, the assistant administrator, employee Q, indicated the physical therapy evaluation was completed 15 days after the initial start of care because the physical therapist was ill. She indicated there was no evidence of documentation notifying the physician of the need to delay the physical therapy evaluation.</p> <p>4. The agency policy dated Vrbordrev0911mj titled "HOOSIER UPLANDS HOME HEALTH AND HOSPICE VERBAL/PHYSICIAN ORDERS POLICY AND PROCEDURE" states, "Verbal orders MUST be obtained: when a discipline or treatment is added, modified, or discontinued."</p> <p>5. The agency policy dated MSDvstrev12/11mj titled "HOOSIER UPLANDS HOME HEALTH AND HOSPICE MISSED/CHANGED VISITS" states, "The agency will provide visit as scheduled based on physician orders and</p>						

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	client / caregiver needs. ... All missed visits and the reason why they are missed must be documented in the chart."				