

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157452	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/24/2012
NAME OF PROVIDER OR SUPPLIER NEW HORIZONS HOME HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BROADWAY NEW HAVEN, IN 46774		
(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 Home Health State licensure survey.</p> <p>Survey dates: August 22, 23, and 24, 2012.</p> <p>Facility #: 009116.</p> <p>Medicaid Vendor #: 200081820.</p> <p>Surveyor: Miriam Bennett, RN, BSN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>August 27, 2012</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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N0470	<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 home visit observation, policy review, and interview, the agency failed to ensure employees were following infection control practices for 1 of 3 home visit observations with the potential to affect all the agency's patients. (#2)</p> <p>Findings include:</p> <p>1. During home visit with patient #2 on 2/23/12 at 1:00 PM, employee A, a Registered Nurse (RN), was observed obtaining a temperature and a blood pressure using an automatic cuff on the patient. Upon completing the tasks, the RN placed the thermometer and the blood pressure cuff directly into the blood pressure cuff bag without cleaning them first. Upon leaving the home, employee A placed the blood pressure cuff bag into the supplies bag in the trunk of their car without cleaning it prior.</p> <p>2. During interview on 8/23/12 at 1:55 PM, employee A indicated they clean the used equipment out at their trunk, in between patients, before they go into the</p>	N0470	<p>1. Nursing staff will receive additional in-service on agency procedure for proper cleaning of equipment to be followed with each home visit. 2. Nursing staff will sign a statement of understanding of procedure and that the procedure will be followed with each home visit. Compliance will be monitored at supervisory visits. 3. Director of Nursing 4. September 14, 2012</p>		09/14/2012		

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	<p>next patient's home.</p> <p>3. During interview on 8/24/12 at 8:50 PM, employee D indicated the RN should have cleaned the equipment before putting it back into the bag.</p> <p>4. The agency's policy guidelines for cleaning equipment, #N-120, not titled, was provided by employee D on 8/24/12 at 09:10 AM who indicated this was their current guidelines. The guidelines state, "The inside of the bag and its contents are considered clean. Therefore: ... All items removed from the bag should be cleaned before returning to the bag."</p>			

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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"> (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: <ul style="list-style-type: none"> (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>Based on home visit observation, clinical record review, interview, and policy review, the agency failed to ensure the Plan of Care (POC) included all Durable Medical Equipment (DME) needed by patients for 2 of 3 home visits with the potential to affect all the agency's patients. (#1 and 2)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During home visit #1 with patient #1 	N0524	<p>1. RN's will receive additional training on what DME equipment consists of and where on Comprehensive Assessment to document what client has in home for the needs of the client. At each Comprehensive Assessment, completed by RN at least every 60 days, all DME needed by the client will be documented on the form. The Comprehensive Assessment is the document utilized by the Director of Nursing to populate the plan of care. 2. RN</p>	11/23/2012
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	<p>on 8/23/12 at 9:00 AM, the following DME were observed in the home: shower bench, nebulizer, wheelchair, and walker. Employee A was also present and indicated the patient also had a sharps container. The POC dated 6/25-8/23/12 failed to evidence the following DME: shower bench, nebulizer, wheelchair, and sharps container.</p> <p>2. During home visit #2 with patient #2 on 8/23/12 at 1:00 PM, the following DME were observed in the home: sharps container and a grab bar in the hall way. The POC dated 7/20-9/17/12 failed to evidence these DME.</p> <p>3. During an interview on 8/23/12, at 10:00 AM, employee D indicated the DME should all be on the POC.</p> <p>4. The agency's policy titled "Patient Care Plan," #21.1, revised 2/03, states, "The plan of treatment is reviewed as such interval as the severity of the patient's illness requires, but in any instance, at lease every 60 days and includes the following: ... 3) Medication, treatments, and equipment required."</p>		<p>will review equipment needs with client at each Comprehensive Assessment. Office nurse will review 485 to make certain all DME equipment the client needs is accurately populated to the 485 from the Comprehensive Assessment. Director of Nursing will collaborate with office nurse if any discrepancies are discovered and will make any adjustments to the plan of care as indicated. 3. Director of Nursing 4. All clients that receive a Comprehensive Assessment within the next 30 days will have the DME equipment verified and plan of care updated to reflect accurate DME equipment by October 24, 2012. Those clients for whom their comprehensive assessment is due within the following 30 days will have the DME equipment verified and plan of care updated to reflect accurate DME equipment by November 23, 2012. Entire case mix will be completed by November 23, 2012.</p>		