

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157612	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2013
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NAME OF PROVIDER OR SUPPLIER AMERICAN CHOICE HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 419 RIDGE RD STE J MUNSTER, IN 46321
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N000000	<p>This visit was for a home health state relicensure survey.</p> <p>Survey dates: September 24 - 26, 2013</p> <p>Facility #: 011947</p> <p>Provider #: 157612</p> <p>Medicaid #: 200955970A</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor</p> <p>Unduplicated skilled patients for past year: 198</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 27, 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, interview, and review of agency policies, the agency failed to ensure the skilled nurse had completed a sterile dressing change in accordance with agency policies for infection control in 1 (#2) of 1 observation of a skilled nurse (#E) creating the potential for the spread of disease-causing organisms in all of the agency's 41 patients receiving skilled nursing services from Employee E.</p> <p>The findings</p> <p>1. On 9/25/13 at 10:31 AM, Employee E, Registered Nurse, was observed while wearing gloves to remove a port a cath dressing from Patient #2's upper right chest area and discard the dressing and then remove the gloves. Without washing hands, Employee E donned clean gloves, cleansed the site with an alcohol pad, and removed the port a cath needle and discarded and removed the gloves. Without washing hands, Employee E proceeded to open the sterile supplies for</p>	N000470	<p>N 470 The Administrator/DON and the clinical supervisor will in service the employee E and all the other RNs on the agency's policies and procedures on the control of communicable disease emphasizing on the procedure to wash hands immediately AFTER removing the gloves and proceeding with a sterile procedure. Clinical supervisor will make joint visits in home to ensure the correct techniques of hand washing are being followed by all nurses during the dressing changes. A competency skill sheet will be completed and documented for all nurses. The Admin/DON will review employee files to ensure that the Competency checklist on proper hand washing is filed in each nurses file upon orientation and annually. The Admin/DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>	10/18/2013	

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	<p>the sterile dressing change with ungloved hands. She donned the sterile gloves in the sterile kit and completed the insertion of the 20 gauge catheter needle, applied the dressing, and then flushed the catheter with 10 cc (cubic centimeters) of normal saline. Employee E removed the gloves and, without washing hands, discarded supplies, applied a piece of tape to the dressing with the date and time of the procedure, and then washed her hands.</p> <p>2. On 9/25/13 at 2:25 PM, Employee A, the administrator and director of nursing, and Employee B, the alternate administrator and alternate director of nursing, indicated handwashing should occur after gloves are removed and before a sterile procedure.</p> <p>3. The agency policy titled "Handwashing / Hand Hygiene" and a review date of 5/20/13 stated, "Policy: In an effort to reduce the risk of infection in patients and staff members, thorough hand washing / hand antisepsis is required of all employees. The agency will establish guidelines for all staff ... Special instructions ... Indications for handwashing and hand antisepsis: a. Before performing invasive procedures ... f. after removing gloves ... o. Decontaminate hands after contact with patients, before donning sterile gloves to</p>			

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	<p>insert ... vascular catheters or other invasive devices that do not require surgical procedures."</p> <p>4. The agency policy titled "OSHA Infection Control / Exposure Control Plan" with a review date of 5/20/13 stated, "Patient infection control procedures shall include, but not be limited to: a. Wearing and changing gloves as necessary during the delivery of patient care. b. Appropriate patient wound and skin care and dressing techniques following sterile or aseptic dressing techniques ... after removing gloves."</p>			

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N000484	<p>410 IAC 17-12-2(g) Q A and performance improvement Rule 12 Sec. 2(g) All personnel providing services shall maintain effective communications to assure that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure all personnel furnishing services maintained liaison to ensure that their efforts were coordinated effectively and supported the objectives outlined in the plan of care in 1 of 6 records (Clinical record #4) reviewed with the potential to affect all of the agency's 41 active patients.</p> <p>Findings</p> <p>1. Clinical record #4 included a plan of care established by the physician for the certification period of 8/16/13 - 10/14/13 with orders for a master's of social worker evaluation and skilled nurse visit. On 9/25/13 at 4:50 PM, Employee F, Master's of Social Work, indicated Employee E, Registered Nurse, had not discussed patient #4's medication compliance issues with her.</p> <p>On 9/26/13 at 11:55 AM, Employee E</p>	N000484	N 484 The Administrator/DON will in service all the office staff and field staff on effectively DOCUMENTING their efforts to coordinate care that shows that the team efforts are complementing one another and supporting the objectives of the patient's care. 10% of all clinical records will be audited quarterly for evidence that the care coordination was documented effectively in the clinical record or minutes of case conferences. The Admin/DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	10/18/2013			

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	<p>indicated she had not documented any coordination of care efforts with the social worker.</p> <p>2. The agency policy titled "Coordination of Patient services" with a review date of 5/20/13 stated, "All personnel furnishing services shall maintain a liaison to assure that their efforts are coordinated effectively and support the objectives outlined in the Plan of Care. This may be done through formal care conferences; maintaining complete, current Care Plans; and written and verbal interaction ... 2. Care conferences will be held as necessary to develop interchange, reporting and evaluation between all disciplines involved in the patient's care Ongoing care conferences shall be conducted to evaluate the patient's status and progress. Any problems will be discussed and an action plan developed ... Care conferences will be documented on the Care Conference Summary form or in the progress notes ... The RN is responsible for passing information to contractors, physicians, and the others involved in the care when there is a change in orders or the status of the patient."</p>						

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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 policy review, record review, and interview, the agency failed to ensure treatments were only provided as ordered on the plan of care in 1 of 6 records reviewed (#1) with the potential to affect all of the agency's 41 active patients.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 8/26/13, evidenced a resumption of care visit by Employee D, Registered Nurse, on 9/5/13 at 3 PM. At this visit, Employee D instructed the patient, who received a left arm skin tear after a fall in the shower, to cleanse the wound with soap and water, pat dry, apply the triple antibiotic ointment, and cover with a Band-Aid. The plan of care failed to evidence orders for instruction and treatment of the wound.</p> <p>On 9/26/13 at 12:20 PM, Employee A, the administrator and director of nursing, and Employee B, the alternate administrator and alternate director of nursing, indicated there was no order for</p>	N000522	N 522 The Admin/DON and the clinical supervisor will in- service field staff to ensure written and/or verbal orders are in the record for providing any treatments including any wounds such as skin tears. 10% of all clinical records will be audited quarterly for evidence that all treatments including any wound care instructions and treatments are included on the order/485. Admin/DON and the Alt DON are responsible to ensure that the nurses are following the policy by routine chart audits and case conferences.	10/18/2013			

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	<p>the wound care instruction for patient #1.</p> <p>2. The agency policy titled "Skilled Nursing Services" with a review date of 5/20/13 stated, "The registered nurse shall do the following ... initiate the plan of care and necessary revisions and updates to the plan of care ... inform the physician and other personnel of changes in the patient condition and needs."</p>			

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N000524	<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 clinical record review, policy review, and interview, the agency failed to ensure the plan of care was signed timely by the physician for 2 (#3 and #4) of 6 records reviewed of patients receiving skilled nurse services with the potential to affect all the agency's 41 active patients.</p> <p>Findings</p>	N000524	N524 Staff meeting was held and all the office personnel were educated on the policy of ensuring timely signatures by MDs on plan of care. Quality Assurance plan is initiated for overall improvement. . (See attached QA plan). Clinical supervisor is responsible for conducting the activities for this plan. 10% of all clinical records will be audited quarterly for evidence that the medical plan of care was signed timely by the physicians. The Admin/DON will	10/08/2013
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	<p>1. Clinical record #3, start of care (SOC) 1/15/13, evidenced a plan of care for the certification period 7/24/13 - 9/21/13 with no physician's signature.</p> <p>On 9/25/13 at 3:15 PM, Employee A, the administrator and director of nursing, and Employee C, the office manager, indicated the plan of care had not been signed by the physician.</p> <p>2. Clinical record #4, SOC 8/16/13, evidenced a plan of care for the certification period 8/16/13 - 10/14/13 with no physician's signature.</p> <p>On 9/25/13 at 4:50 PM, Employee A and Employee B indicated the plan of care had not been signed by the physician.</p> <p>3. The agency policy titled "Physician Orders" with a review date of 5/20/13 stated, "All medications, treatments and services provided to patients must be ordered by a physician. The orders may be initiated via telephone or in writing and must be countersigned by the physician within 30 days after the receipt."</p> <p>4. The agency policy titled "Plan of Care" with a review date of 5/20/13 stated, "An</p>		<p>be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur</p>	

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	individualized Plan of Care signed by the physician shall be required for each patient receiving home health and personal care services."			

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N000542	<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 policy review, record review, and interview, the agency failed to ensure the registered nurse (#D) had revised the plan of care by obtaining orders for medications and treatments in 1 of 6 records reviewed (#1) with the potential to affect all of the agency's 41 active patients.</p> <p>Findings include:</p> <p>1. Clinical record #1, start of care 8/26/13, evidenced a resumption of care visit by Employee D, Registered Nurse, on 9/5/13 at 3 PM. At this visit, Employee D instructed the patient, who received a left arm skin tear after a fall in the shower, to cleanse the wound with soap and water, pat dry, apply the triple antibiotic ointment, and cover with a Band-Aid. The plan of care failed to evidence orders for instruction and treatment of the wound.</p> <p>On 9/26/13 at 12:20 PM, Employee A, the administrator and director of nursing, and Employee B, the alternate</p>	N000542	N542 The Admin/DON and the clinical supervisor will in service field staff to revise the plan of care properly by obtaining all orders for medications and treatments including any non-prescription topical agents. 10% of all clinical records will be audited quarterly for evidence that the orders are revised to include all the medications and treatments including any over the counter topicals. Admin/DON and Alt DON are responsible to ensure that the staffs are following the policy by routine chart audits and case conferences.	10/18/2013			

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	<p>administrator and alternate director of nursing, indicated there was no order for the wound care instruction for patient #1.</p> <p>2. The agency policy titled "Skilled Nursing Services" with a review date of 5/20/13 stated, "The registered nurse shall do the following ... initiate the plan of care and necessary revisions and updates to the plan of care ... inform the physician and other personnel of changes in the patient condition and needs."</p>			

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N000545	<p>410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services.</p> <p>Based on clinical record review, policy review, and interview, the agency failed to ensure the registered nurse (Employee E, Registered Nurse) coordinated services in 1 of 6 records (Clinical record #4) reviewed with the potential to affect all of the agency's 41 active patients.</p> <p>Findings</p> <p>1. Clinical record #4 included a plan of care established by the physician for the certification period of 8/16/13 - 10/14/13 with orders for a master's of social worker evaluation and skilled nurse visit. On 9/25/13 at 4:50 PM, Employee F, Master's of Social Work, indicated Employee E, Registered Nurse, had not discussed patient #4's medication compliance issues with her.</p> <p>On 9/26/13 at 11:55 AM, Employee E indicated she had not documented any coordination of care efforts with the social worker.</p>	N000545	N545 The Administrator/DON will in service all the office staff and field staff including RNs on the agency policy and the state and federal regulation to DOCUMENT their efforts to coordinate care in order to complement one another and support the objectives of the patient's care. 10% of all clinical records will be audited quarterly for evidence that the care coordination was documented in the clinical record or minutes of case conferences by all personnel including RNs. The Admin/DON will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	10/18/2013			

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	<p>2. The agency policy titled "Coordination of Patient services" with a review date of 5/20/13 stated, "All personnel furnishing services shall maintain a liaison to assure that their efforts are coordinated effectively and support the objectives outlined in the Plan of Care. This may be done through formal care conferences; maintaining complete, current Care Plans; and written and verbal interaction ... 2. Care conferences will be held as necessary to develop interchange, reporting and evaluation between all disciplines involved in the patient's care Ongoing care conferences shall be conducted to evaluate the patient's status and progress. Any problems will be discussed and an action plan developed ... Care conferences will be documented on the Care Conference Summary form or in the progress notes ... The RN is responsible for passing information to contractors, physicians, and the others involved in the care when there is a change in orders or the status of the patient."</p>			