STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAPTIVE NURSING AND HEALTHCARE SERVICES INC	702 NORTH SHORE DRIVE, SUITE 102 JEFFERSONVILLE, IN 47130

(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
G0000	This was a home health federal complaint investigation survey. Complaint #: IN00123807 - Substantiated: A federal deficiency related to the allegation is cited. Survey date: 2/12/2013 Facility #: 012872 Surveyor: Dawn Snider, RN, PHNS Quality Review: Joyce Elder, MSN, BSN, RN February 14, 2013	G0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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G0141	484.14(e) PERSONNEL POLICIES Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. Based on personnel file and policy review and interview, the agency failed to ensure personnel policies regarding physical exams and tuberculosis testing were followed for 5 of 16 files (G, Q, X, II, and NN) reviewed of employees who had direct patient contact with the potential to affect all the agency's patients. Findings include: Related to physical examination 1. The agency policy dated 3/21/12 and titled "Health Assessment" states, "Each employee having direct contact with clients shall have a physical examination by a physician or nurse practitioner not more than on hundred eight [sic](180) days before the date that employee has direct patient contact. 2. Personnel file GG, date of hire 10/24/12 and first patient contact 10/24/12, failed to evidence a physical exam within 180 days prior to patient	G0141	The Administrator will in-service all office staff on 2-25-13 – office staff will be re-educated on the TB and physical exams policy. All employees that do not show proof of a negative TB skin test upon hire, within the previous 12 months, will be required to get a 2 step TB. Any employees that show proof of a negative TB skin test, within 2 weeks before the date of hire, will be required to obtain a 2 nd step TB. All employees must have proof of a physical exam that was completed no more than 180 days prior to patient contact. 100% of all personnel files will be reviewed by 3-12-13 and any employee that does not meet the above requirements will be required to have the 2 step process repeated. If any employee fails to have a physical exam they will be required to have an exam completed. 10% of all personnel records will be audited at least quarterly to identify any issues. When 100% is achieved and no deficiencies identified, the quarterly audits are no longer required.	03/12/2013

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	contact. 3. On 2/12/12 at 3:00 PM, the president indicated there was no further documentation available for the personnel files. Related to the TB screening: 1. The agency policy dated 3/21/12 titled "Tuberculosis Testing" states, "An employee or agent of Adaptive Nursing and Healthcare Services Inc. who will have direct client contact must complete a tuberculosis test in the same manner as required by the state department for licensed home health agency employees and agents. 1. Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. 2. The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered." 2. Personnel file G, date of hire 1/10/13		The administrator will be responsible for ongoing monitoring to ensure that further deficiencies do not occur.	

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	and first patient contact 1/10/13, failed to evidence results of a TB test prior to employment. 3. Personnel file Q, date of hire 1/21/13 and first patient contact 1/21/13, evidenced a TB test administered on 1/15/13 with results read on 1/17/13. The file failed to evidence a second TB test was administered as required. 4. Personnel file X, date of hire 12/10/12 and first patient contact 12/10/12, evidenced a TB test administered on 11/30/12 with results read on 12/3/12. The file failed to evidence a second TB test was administered as required. 5. Personnel file II, date of hire 9/19/12 and first patient contact 9/19/12, evidenced a TB test administered on 9/17/12 with results read on 9/19/12. The file failed to evidence a second TB test was administered as required. 6. Personnel file NN, date of hire 9/17/12 and first patient contact 9/17/12, evidenced a TB test was administered on 4/2/12, but the test was not read. 7. On 2/12/12 at 3:00 PM, the president indicated there was no further documentation available for the personnel files.			

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N0000		N0000		

This was a home health state complaint investigation survey.

Complaint #: IN00123807 - Substantiated: A state deficiency deficiency related to the allegation is cited. An unrelated deficiency is also cited.

Survey date: 2/12/2013

Facility #: 012872

Surveyor: Dawn Snider, RN, PHNS

Quality Review: Joyce Elder, MSN, BSN, RN

February 14, 2013

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N0462	410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients. Based on personnel file review and policy review, the agency failed to ensure all employees had a physical examination no more than one hundred eighty days prior to direct patient contact to ensure the employee would not spread infectious or communicable diseases in 1 of 16 files (GG) reviewed of employees who had direct patient contact with the potential to affect all the agency's patients. Findings include: 1. Personnel file GG, date of hire 10/24/12 and first patient contact 10/24/12, failed to evidence a physical exam within 180 days prior to patient contact. 2. The agency policy dated 3/21/12 and titled "Health Assessment" states, "Each employee having direct contact with	N0462	The Administrator will in-service all office staff on 2-25-13 – office staff will re-educated on the physical exams policy. All employees must have proof of a physical exam that was completed no more than 180 days prior to patient contact. 100% of all personnel files will be reviewed by 3-12-13 and any employee that does not meet the above requirements will be required to complete. If any employee fails to have a physical exam, within the required time frame, they will be required to have an exam completed. 10% of all personnel records will be audited at least quarterly to identify any issues. When 100% is achieved and no deficiencies identified, the quarterly audits are no longer required. The administrator will be responsible for ongoing monitoring to ensure that further deficiencies	03/12/2013

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	clients shall have a physical examination by a physician or nurse practitioner not more than on hundred eight [sic](180) days before the date that employee has direct patient contact. 3. On 2/12/12 at 3:00 PM, the president indicated there was no further documentation available for the personnel files.		do not occur.	

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N0464	410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii)completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest rediograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and (B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3). (5) Any person having a positive finding on			

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	a tuberculosis evaluation may not: (A) work in the home health agency; or (B) provide direct patient contact; unless approved by a physician to work. (6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person: (A) working for the home health agency; or (B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.			
	Based on personnel file and policy review and interview, the agency failed to ensure all employees a tuberculin skin test for 2 of 16 files reviewed (G and NN) or the second step tuberculin skin test was administered within 1 to 3 weeks after the first tuberculin (TB) skin test was administered for 3 of 16 files reviewed (Q, X, and II) with the potential to affect all the patients of the agency. Findings include: 1. Personnel file G, date of hire 1/10/13 and first patient contact 1/10/13, failed to evidence results of a TB test prior to employment. 2. Personnel file Q, date of hire 1/21/13 and first patient contact 1/21/13, evidenced a TB test administered on 1/15/13 with results read on 1/17/13. The file failed to evidence a second TB test	N0464	The Administrator will in-service all office staff on 2-25-13 – office staff will be re-educated on the TB policy. All employees that do not show proof of a negative TB skin test upon hire, within the previous 12 months, will be required to get a 2 step TB. Any employees that show proof of a negative TB skin test, within 2 weeks before the date of hire, will be required to obtain a 2 nd step TB. 100% of all personnel files will be reviewed by 3-12-13 and any employee that does not meet the above requirements will be required to have the 2 step process repeated. 10% of all personnel records will be audited at least quarterly to identify any issues. When 100% is achieved and no deficiencies identified, the quarterly audits are no longer required. The administrator will be responsible for ongoing monitoring	03/12/2013

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	was administered as required. 3. Personnel file X, date of hire 12/10/12 and first patient contact 12/10/12, evidenced a TB test administered on 11/30/12 with results read on 12/3/12. The file failed to evidence a second TB test was administered as required. 4. Personnel file II, date of hire 9/19/12 and first patient contact 9/19/12, evidenced a TB test administered on 9/17/12 with results read on 9/19/12. The file failed to evidence a second TB test was administered as required. 5. Personnel file NN, date of hire 9/17/12 and first patient contact 9/17/12, evidenced a TB test was administered on 4/2/12, but the test was not read. 6. The agency policy dated 3/21/12 titled "Tuberculosis Testing" states, "An employee or agent of Adaptive Nursing and Healthcare Services Inc. who will have direct client contact must complete a tuberculosis test in the same manner as required by the state department for licensed home health agency employees and agents. 1. Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless		to ensure that further deficiencies do not occur.	

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	the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. 2. The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered." 7. On 2/12/12 at 3:00 PM, the president indicated there was no further documentation available for the personnel files.			