

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157148	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2014
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NAME OF PROVIDER OR SUPPLIER GREENE COUNTY HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1185 NORTH 1000 WEST LINTON, IN 47441
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G000000	<p>This visit was a home health federal complaint investigation survey.</p> <p>Complaint IN00151009 - Substantiated: No deficiencies were cited.</p> <p>Complaint IN00148979 - Substantiated: Federal deficiencies related to the allegation are cited.</p> <p>Survey date: June 24, 2014</p> <p>Facility #: 005324</p> <p>Medicaid Vendor #: 200435780</p> <p>Surveyor: Shannon Pietraszewski, RN, PHNS</p> <p>Census: 84 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 8, 2014</p>	G000000		
G000212	<p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAI The HHA is responsible for ensuring that the</p>			

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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	<p>individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</p> <p>Based on personnel record review and interview, the agency failed to ensure home health aides had completed a competency evaluation for 2 of 8 home health aide personnel records reviewed creating the potential to affect all patients receiving aide services from employees D and E.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel record D, a home health aide, date of hire 02/25/13 and first patient contact unknown, failed to evidence a written or skills competency evaluation. 4. Personnel record E, a home health aide, date of hire 05/20/13 and first patient contact 06/17/13, failed to evidence a written competency evaluation. 5. The Administrator indicated on 06/24/14 at 4:45 PM that she had recently gone through the personnel files and had brought them up to date. The Nursing Supervisor indicated that two of the employees entire paperwork was sent to ISDH by an Interim Administrator and copies were not made, but couldn't 	G000212	<p>G212</p> <p>The deficiency was corrected by administering a skills and awritten competency evaluation to home health aide Record D and administering awritten competency evaluation to Record E. The Home Healthcare Director withHuman Recourses completed an audit of all the nursing employee records toassure compliance. All incompleterecords were completed, with required documentation. An improved process was created with Human Resources to assureall employee records will be complete with all the required documentationbefore patient contact. All nursingstaff were given a 30 day window to send to state the information to get theirnames correct on the registry. The deficiency will be prevented by the Directormonitoring each new employee file before patient contact and annually on the employee'sevaluation conference, and following the improved process. The Director or her designee will be responsible for theabove process. The Quality Assurancecommittee will review Directors report of file audits at each QA meeting for 6months.</p> <p>The deficiency was corrected by June 27, 2014</p>	06/27/2014			

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N000000	<p>identify which two employees. The Administrator and Nursing Supervisor indicated the hospital administrative office was managing the personnel files.</p> <p>This visit was a home health state complaint investigation survey.</p> <p>Complaint IN00151009 - Substantiated: No deficiencies were cited.</p> <p>Complaint IN00148979 - Substantiated: State deficiencies related to the allegation are cited.</p> <p>Survey date: June 24, 2014</p> <p>Facility #: 005324</p> <p>Medicaid Vendor #: 200435780</p> <p>Surveyor: Shannon Pietraszewski, RN, PHNS</p> <p>Census: 84 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>July 8, 2014</p>	N000000		

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N000596	<p>410 IAC 17-14-1(I)(A) Scope of Services Rule 14 Sec. 1(l) The home health agency shall be responsible for ensuring that, prior to patient contact, the individuals who furnish home health aide services on its behalf meet the requirements of this section as follows: (1) The home health aide shall: (A) have successfully completed a competency evaluation program that addresses each of the subjects listed in subsection (h) of this rule; and Based on personnel record review and interview, the agency failed to ensure home health aides had completed a competency evaluation for 2 of 8 home health aide personnel records reviewed creating the potential to affect all patients receiving aide services from employees D and E.</p> <p>Findings include:</p> <p>1. Personnel record D, a home health aide, date of hire 02/25/13 and first patient contact unknown, failed to evidence a written or skills competency evaluation.</p> <p>4. Personnel record E, a home health aide, date of hire 05/20/13 and first patient contact 06/17/13, failed to evidence a written competency evaluation.</p>	N000596	<p>N596 The deficiency was corrected by administering a skills and awritten competency evaluation to home health aide Record D and administering awritten competency evaluation to Record E. The Home Healthcare Director withHuman Recourses completed an audit of all the nursing employee records to assure compliance. All incompleterecords were completed, with required documentation. An improved process was created with Human Resources to assure all employee records will be complete with all the requireddocumentation before patient contact. All nursing staff were given a 30 day window to send to state theinformation to get their names correct on the registry. The deficiency will beprevented by the Director monitoring each new employee file before patientcontact and annually on the employee's evaluation conference, and</p>	06/27/2014

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N000597	<p>5. The Administrator indicated on 06/24/14 at 4:45 PM that she had recently gone through the personnel files and had brought them up to date. The Nursing Supervisor indicated that two of the employees entire paperwork was sent to ISDH by an Interim Administrator and copies were not made, but couldn't identify which two employees. The Administrator and Nursing Supervisor indicated the hospital administrative office was managing the personnel files.</p> <p>410 IAC 17-14-1(l)(1)(B) Scope of Services Rule 14 Sec. (1)(l)(1) The home health aide shall: (B) be entered on and be in good standing on the state aide registry.</p> <p>Based on personnel file review and interview, the agency failed to ensure the aide was entered on and in good standing on the state aide registry for 4 of 8 home health aide personnel files reviewed with the potential to affect all patients receiving aide services. (B, C, D, and E)</p> <p>Findings include:</p> <p>1. Personnel record B, a home health aide, date of hire 01/27/14 and first patient contact 02/13/14, failed to</p>	N000597	<p>following the improved process. The Director or her designee will be responsible for the above process. The Quality Assurance committee will review Directors report of file audits at each QA meeting for 6 months. The deficiency was corrected by June 27, 2014</p> <p>N597 The Director immediately researched the nurse aide registry and found the aide for personnel record D, not on the registry. She found the aide for personal record E on the registry in her maiden name. Nurse Aide B and C were found on the registry, copies of the registry were placed in their personnel records. All aides not on the registry were immediately pulled from the schedule/field until placement was met on the registry in good standing. The Director with Human Resources completed an audit of all the nursing employee</p>	06/27/2014			

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	<p>evidence the aide was on and in good standing on the state aide registry.</p> <p>2. Personnel record C, a home health aide, date of hire 12/20/99 and first patient contact unknown, failed to evidence the aide was on and in good standing on the state aide registry.</p> <p>3. Personnel record D, a home health aide, date of hire 02/25/13 and first patient contact unknown, failed to evidence the aide was on and in good standing on the state aide registry.</p> <p>4. Personnel record E, a home health aide, date of hire 05/20/13 and first patient contact 06/17/13, failed to evidence the aide was on and in good standing on the state aide registry.</p> <p>5. The Administrator indicated on 06/24/14 at 4:45 PM that she had recently gone through the personnel files and had brought them up to date. The Nursing Supervisor indicated that two of the employees entire paperwork was sent to ISDH by an Interim Administrator and copies were not made, but couldn't identify which two employees. The Administrator and Nursing Supervisor indicated the hospital administrative office was managing the personnel files.</p>		<p>records to assure compliance. All incomplete records were completed, with required documentation. The deficiency will be prevented by the Director monitoring each new employee file before patient contact, monthly review of registry website for upcoming Home Health Aide certificate expiration dates and annually on the employee's evaluation conference. An improved process was created with Human Resources to assure all employees will be on the home health aide registry in good standing, before patient contact. All nursing staff were given a 30 day window to send to state the information to get their names correct on the registry. The Director or her designee will be responsible for the above process. The Quality Assurance committee will review Directors report of file audits at each QA meeting for 6 months The deficiency was corrected by June 27, 2014.</p>	

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N000598	<p>410 IAC 17-14-1(l)(2) Scope of Services Rule 14 Sec. 1(l)(2) The home health agency shall maintain documentation which demonstrates that the requirements of this subsection and subsection (h) of this rule were met.</p> <p>Based on personnel file review and interview, the agency failed to ensure documentation evidenced home health aides had completed a competency evaluation program and were entered on and in good standing on the state aide registry with the potential to affect all patients receiving aide services. (B, C, D, and E)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Personnel record B, a home health aide, date of hire 01/27/14 and first patient contact 02/13/14, failed to evidence the aide was on and in good standing on the state aide registry. 2. Personnel record C, a home health aide, date of hire 12/20/99 and first patient contact unknown, failed to evidence the aide was on and in good standing on the state aide registry. 3. Personnel record D, a home health aide, date of hire 02/25/13 and first 	N000598	<p>N598 The Director immediately researched the nurse aide registry and found the aide for personnel record D, not on the registry. She found the aide for personal record E on the registry in her maiden name. Nurse Aide B and C were found on the registry, copies of the registry were placed in their personnel records. All aides on the registry were immediately pulled from the schedule/field until placement was met on the registry in good standing. The Director with Human Resources completed an audit of all the nursing employee records to assure compliance. All incomplete records were completed, with required documentation. The deficiency will be prevented by the Director monitoring each new employee file before patient contact, monthly review of registry website for upcoming Home Health Aide certificate expiration dates and annually on the employee's evaluation conference. An improved process was created with Human Resources to assure all employees were on the home health aide</p>	06/27/2014			

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	<p>patient contact unknown, failed to evidence a written and skills competency evaluation and that the aide was on and in good standing on the state aide registry.</p> <p>4. Personnel record E, a home health aide, date of hire 05/20/13 and first patient contact 06/17/13, failed to evidence a written competency evaluation and that the aide was on the state aide registry.</p> <p>5. The Administrator indicated on 06/24/14 at 4:45 PM that she had recently gone through the personnel files and had brought them up to date. The Nursing Supervisor indicated that two of the employees entire paperwork was sent to ISDH by an Interim Administrator and copies were not made, but couldn't identify which two employees. The Administrator and Nursing Supervisor indicated the hospital administrative office was managing the personnel files.</p>		<p>registryin good standing, before patient contact. All nursing staff were given a 30 day window to send to state the informationto get their names correct on the registry. The Director or her designee will be responsible for theabove process. The Quality Assurance committee will review Directors report offline audits at each QA meeting for 6 months. The deficiency was corrected by June 27, 2014.</p>	