

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151505	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2013
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NAME OF PROVIDER OR SUPPLIER VNA HOSPICE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 VALLEY DR VALPARAISO, IN 46383
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L000000	<p>This was a Hospice federal recertification survey and state licensure survey.</p> <p>Survey dates: June 17-24, 2013.</p> <p>Provider ID: 151505.</p> <p>Facility #: 5122.</p> <p>Medicaid #: 200143110A.</p> <p>Census: 73. Total: 623 unduplicated skilled admissions for 12 months.</p> <p>Sample: RR w/HV: 3. RR w/o HV: 10. Total: 13.</p> <p>Surveyor: Ingrid Miller, RN, PHNS, Janet Brandt, RN, PHNS, Team Leader.</p>	L000000		
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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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L000579	<p>418.60(a) PREVENTION</p> <p>The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>Based on interview, observation, and review of hospice infection control policies, the hospice failed to ensure personnel (#H and #R) providing direct patient care observed at 2 of 3 home visits (patients #12 and #13) followed standard infection control practices with the potential to affect all the patients cared for by these employees.</p> <p>Findings</p> <p>1. At a home visit observation, on 6/20/13 at 12:20 PM, Employee H, home health aide, was observed to wash the patient #12's face, arms, and chest using warm water from a basin of water placed on a bed side table. The home health aide had gloves on. The home health aide discarded this used water into the bathroom sink and then changed gloves without washing hands and filled the basin with new warm water. After placing the basin on the bedside table, the home health aide washed the patient's legs and feet and lotioned the legs and feet with gloved hands. She discarded the water, changed gloves, and did not wash</p>	L000579	<p>Individually re-serve both employees (#H and #R) by 7/12/2013 on agency policy and procedures for standard infection control precautions with emphasis on: (Employee #H): Follow proper Hand Hygiene procedure per agency policy after each glove change. (Employee #R) Follow proper Hand Hygiene procedure per agency policy when providing direct patient care to include the use of clean gloves or an individual clean medicine cup when handing medication to a patient. Follow agency Bag Technique policy. Supervisor will conduct an unannounced home visit for employees #H and #R to assure and document compliance with these standard infection control policies and procedures. The supervisory home visits will be conducted by a RN nursing supervisor who will place emphasis on observation of compliance with infection control procedures. If non-compliance is observed, the progressive disciplinary process will be followed. All direct care staff will be re-serviced in these infection control precautions and procedures by the PI/Ed supervisor or designee by 8/1/13. Increase frequency of infection</p>	08/01/2013	

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	<p>hands and returned to the bedside with the newly filled basin of water. She washed the patient's peri area and changed the water, removed gloves, and did not wash hands before donning a new pair of gloves and filling the basin with warm water once again. She returned to the bedside with the clean gloves and water basin and washed the patient's back and buttocks area, discarded the water, removed gloves, and donned new gloves without washing hands.</p> <p>On 6/20/13 at 1 PM, Employee R, Registered Nurse (RN) indicated handwashing should occur after removing gloves.</p> <p>2. At a home visit observation on 6/20/13 at 1:40 PM, Employee R, RN, was observed to wash her hands and then return to the patient's #13's chair side. She was observed to touch the patient #13's pills from the patient's mediset with ungloved fingers before giving the patient one tablet orally from the medication container by placing the tablet into the patient's hand so the patient could put the tablet into his / her mouth and swallow it. Employee R did not wash her hands after putting this pill into the patient's hand. She was observed to take patient #13's temperature in the right ear with a tympanic thermometer without</p>		control committee meetings to bi-monthly to review and update all current policies, procedures, and practices including education, skill labs, and home visits monitoring which will be mandatory for all staff. The Vice President of Regulatory Affairs will take responsibility to assure that all of the deficiencies are corrected and monitored according to this plan.		

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	<p>disinfecting this equipment before returning to the nursing bag. The patient had a temperature of 99.3 degrees Fahrenheit and a productive cough with gray colored sputum. She did not wash her hands after taking the patient's temperature. She was observed to use a blood pressure cuff that was not disinfected after removing it from her nursing bag or replacing this equipment into her bag after using on patient #13. She did not wash her hands after completing these vital signs. She was also observed to put a piece of paper covered in clear plastic onto the patient's emesis basin, which was on the patient's lap, and not disinfecting this paper after returning this paper to the top of the nursing bag. She washed her hands after placing the paper on top of the bag.</p> <p>3. On 6/20/13 at 2:45 PM, Employees A, C, and S indicated Employees R and H did not follow infection control policies.</p> <p>4. The agency policy titled "Hand hygiene" with a revised date of 4/12/13 stated, "All employees will follow hand hygiene policy ... when to wash your hands ... before and after ... touching a sick or injured patient ... before ... having direct contact with patients ... after making contact with a patient's intact skin ... making contact with inanimate objects</p>			

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	in the immediate vicinity of the patient, removing gloves."			

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L000627	<p>418.76(g)(3) HOSPICE AIDE ASSIGNMENTS AND DUTIES (3) The duties of a hospice aide include the following: (i) The provision of hands-on personal care. (ii) The performance of simple procedures as an extension of therapy or nursing services. (iii) Assistance in ambulation or exercises. (iv) Assistance in administering medications that are ordinarily self-administered.</p> <p>Based on home visit observation, interview and document review, the agency failed to ensure home health aides did not administer medications for 1 of 1 home visit observations (Patient #12) with a home health aide (#H) with the potential to affect all of the patients cared for by this employee.</p> <p>Findings include:</p> <p>1. At a home visit observation, on 6/20/13 at 12:20 PM, Employee H, home health aide, was observed to apply Nystop powder on the patient #12's chest area after washing and drying the chest area. Nystop powder is a medication for fungal infections.</p> <p>On 6/20/13 at 1 PM, Employee R, Registered Nurse (RN) indicated the</p>	L000627	The Nursing Clinical Manager re-inserviced employee (#H) on agency's Home Health Aide policy on Medications. The home health aide must never directly handle medications, prescription or nonprescription. (Completed by 7/12/13) The nursing supervisor will make an unannounced supervisory home visit for employee (#H) to assure and document compliance with agency policy on Medications as stated above. If non-compliance is observed, the progressive disciplinary process will be followed. All nursing and home health aide staff will be re-inserviced on the agency's Home Health Aide policy on Medications. The in-service will be conducted by the PI/Ed supervisor or designee by 8/1/13. On-going field competency visits will emphasize the compliance with the agency's policy of the role of home health aide with medication. The Vice President of Regulatory Affairs will take responsibility to assure that all of	08/01/2013	

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	<p>home health aide should not apply any medications.</p> <p>2. The agency policy titled "Medications" with a review date of April 15, 2012 stated, "Purpose: Understanding the role of the home health aide related to medications 1. The home health aide may remind the patient to take their medications ... 3. the home health aide must never directly handle medications; prescription or nonprescription."</p>		the deficiencies are corrected and monitored according to this plan.		

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L000693	<p>418.106(e)(1) LABEL DISPOSE STORAGE DRUGS (1) Labeling. Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable).</p> <p>Based on observation, interview, and policy review, the hospice failed to ensure medications were labeled after opening and labeled correctly per facility policy for 1 of 1 hospice inpatient facility medication cart with the potential to affect all the patients of the inpatient facility.</p> <p>Findings</p> <p>1. On June 24, 2013 at 2:10 PM, the medication cart on the north wing of the inpatient hospice facility was observed to hold a container of patient #14's Atropine Sulfate Ophthalmic Solution 1% with 2 milliliters of solution that was opened and not labeled with a date, time, or initials of the staff member who had opened the medication container.</p> <p>2. On June 24, 2013 at 2:11 PM, the medication cart on the north wing of the inpatient hospice facility was observed to</p>	L000693	<p>The RN staff at the inpatient facility were re-inserviced on the agency policy titled " Hospice Pharmaceuticals and Emergency Drug Box" (EDK) immediately with emphasis on "all medication removed from the EDK will be dated and initialed when opened." The RN supervisor followed up with additional review of the policy with the inpatient nursing staff both verbally and with on-site observation.</p> <p>On-going daily monitoring will be logged by the night-shift RN. The RN supervisor will be responsible for reviewing the log monthly and signing off. This process will remain on-going.</p> <p>The RN supervisor will be responsible for periodic unannounced inspections with a minimum of three (3) occasions prior to 8/1/13 and documenting these inspections on a log. If non-compliance is observed, the progressive disciplinary process will be followed.</p>	08/01/2013	

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	<p>hold a container of patient #5's medication: haloperidol injection 1 mg (milligram) / mL (milliliter) solution that was opened and not labeled with a date, time, or initials of the staff member who had opened the medication container.</p> <p>3. On June 24, 2013 at 2:35 PM, Employee S, the vice president of regulatory affairs, indicated the medications were opened and not labeled per policy. Employee S indicated these medications were from the EDK (emergency drug kit).</p> <p>4. The agency policy titled "Hospice Pharmaceuticals and emergency drug box" with a review date of 1/2011 stated, "All medications removed from the EDK will be dated and initialed when opened."</p>		The Vice President of Regulatory Affairs will take responsibility to assure that all of the deficiencies are corrected and monitored according to this plan.		

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S000000	<p>This visit was for a hospice state relicensure survey and federal recertification survey..</p> <p>Survey dates: June 17-24, 2013</p> <p>Facility #: 005122</p> <p>Medicaid Vendor #: 200143110A</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor Janet Brandt, RN, PHNS.</p> <p>Total census: 623 unduplicated skilled admissions for the last 12 months. Home visits: 3. Record Reviews: 10. Total: 13.</p> <p>QA: Linda Dubak, R.N. July 3, 2013</p>	S000000		

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S000579	<p>418.60(a) PREVENTION</p> <p>The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>Based on interview, observation, and review of hospice infection control policies, the hospice failed to ensure personnel (#H and #R) providing direct patient care observed at 2 of 3 home visits (patients #12 and #13) followed standard infection control practices with the potential to affect all the patients cared for by these employees.</p> <p>Findings</p> <p>1. At a home visit observation, on 6/20/13 at 12:20 PM, Employee H, home health aide, was observed to wash the patient #12's face, arms, and chest using warm water from a basin of water placed on a bed side table. The home health aide had gloves on. The home health aide discarded this used water into the bathroom sink and then changed gloves without washing hands and filled the basin with new warm water. After placing the basin on the bedside table, the home health aide washed the patient's legs and feet and lotioned the legs and feet with gloved hands. She discarded the water, changed gloves, and did not wash</p>	S000579	<p>Individually re-inservice both employees (#H and #R) by 7/12/2013 on agency policy and procedures for standard infection control precautions with emphasis on: (Employee #H): Follow proper Hand Hygiene procedure per agency policy after each glove change. (Employee #R) Follow proper Hand Hygiene procedure per agency policy when providing direct patient care to include the use of clean gloves or an individual clean medicine cup when handing medication to a patient. Follow agency Bag Technique policy. Supervisor will conduct an unannounced home visit for employees #H and #R to assure and document compliance with these standard infection control policies and procedures. The supervisory home visits will be conducted by a RN nursing supervisor who will place emphasis on observation of compliance with infection control procedures. If non-compliance is observed, the progressive disciplinary process will be followed. All direct care staff will be re-inserviced in these infection control precautions and procedures by the PI/Ed supervisor or designee by 8/1/13. Increase frequency of infection</p>	08/01/2013	

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	<p>hands and returned to the bedside with the newly filled basin of water. She washed the patient's peri area and changed the water, removed gloves, and did not wash hands before donning a new pair of gloves and filling the basin with warm water once again. She returned to the bedside with the clean gloves and water basin and washed the patient's back and buttocks area, discarded the water, removed gloves, and donned new gloves without washing hands.</p> <p>On 6/20/13 at 1 PM, Employee R, Registered Nurse (RN) indicated handwashing should occur after removing gloves.</p> <p>2. At a home visit observation on 6/20/13 at 1:40 PM, Employee R, RN, was observed to wash her hands and then return to the patient's #13's chair side. She was observed to touch the patient #13's pills from the patient's mediset with ungloved fingers before giving the patient one tablet orally from the medication container by placing the tablet into the patient's hand so the patient could put the tablet into his / her mouth and swallow it. Employee R did not wash her hands after putting this pill into the patient's hand. She was observed to take patient #13's temperature in the right ear with a tympanic thermometer without</p>		control committee meetings to bi-monthly to review and update all current policies, procedures, and practices including education, skill labs, and home visits monitoring which will be mandatory for all staff. The Vice President of Regulatory Affairs will take responsibility to assure that all of the deficiencies are corrected and monitored according to this plan.		

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	<p>disinfecting this equipment before returning to the nursing bag. The patient had a temperature of 99.3 degrees Fahrenheit and a productive cough with gray colored sputum. She did not wash her hands after taking the patient's temperature. She was observed to use a blood pressure cuff that was not disinfected after removing it from her nursing bag or replacing this equipment into her bag after using on patient #13. She did not wash her hands after completing these vital signs. She was also observed to put a piece of paper covered in clear plastic onto the patient's emesis basin, which was on the patient's lap, and not disinfecting this paper after returning this paper to the top of the nursing bag. She washed her hands after placing the paper on top of the bag.</p> <p>3. On 6/20/13 at 2:45 PM, Employees A, C, and S indicated Employees R and H did not follow infection control policies.</p> <p>4. The agency policy titled "Hand hygiene" with a revised date of 4/12/13 stated, "All employees will follow hand hygiene policy ... when to wash your hands ... before and after ... touching a sick or injured patient ... before ... having direct contact with patients ... after making contact with a patient's intact skin ... making contact with inanimate objects</p>			

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S000627	<p>418.76(g)(3) HOSPICE AIDE ASSIGNMENTS AND DUTIES (3) The duties of a hospice aide include the following: (i) The provision of hands-on personal care. (ii) The performance of simple procedures as an extension of therapy or nursing services. (iii) Assistance in ambulation or exercises. (iv) Assistance in administering medications that are ordinarily self-administered.</p> <p>Based on home visit observation, interview and document review, the agency failed to ensure home health aides did not administer medications for 1 of 1 home visit observations (Patient #12) with a home health aide (#H) with the potential to affect all of the patients cared for by this employee.</p> <p>Findings include:</p> <p>1. At a home visit observation, on 6/20/13 at 12:20 PM, Employee H, home health aide, was observed to apply Nystop powder on the patient #12's chest area after washing and drying the chest area. Nystop powder is a medication for fungal infections.</p> <p>On 6/20/13 at 1 PM, Employee R, Registered Nurse (RN) indicated the home health aide should not apply any</p>	S000627	The Nursing Clinical Manager re-inserviced employee (#H) on agency's Home Health Aide policy on Medications. The home health aide must never directly handle medications, prescription or nonprescription. (Completed by 7/12/13) The nursing supervisor will make an unannounced supervisory home visit for employee (#H) to assure and document compliance with agency policy on Medications as stated above. If non-compliance is observed, the progressive disciplinary process will be followed. All nursing and home health aide staff will be re-inserviced on the agency's Home Health Aide policy on Medications. The in-service will be conducted by the PI/Ed supervisor or designee by 8/1/13. On-going field competency visits will emphasize the compliance with the agency's policy of the role of home health aide with medication. The Vice President of Regulatory Affairs will take responsibility to assure that all of	08/01/2013			

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	<p>medications.</p> <p>2. The agency policy titled "Medications" with a review date of April 15, 2012 stated, "Purpose: Understanding the role of the home health aide related to medications 1. The home health aide may remind the patient to take their medications ... 3. the home health aide must never directly handle medications; prescription or nonprescription."</p>		<p>the deficiencies are corrected and monitored according to this plan.</p>	

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S000693	<p>418.106(e)(1) LABEL DISPOSE STORAGE DRUGS (1) Labeling. Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable).</p> <p>Based on observation, interview, and policy review, the hospice failed to ensure medications were labeled after opening and labeled correctly per facility policy for 1 of 1 hospice inpatient facility medication cart with the potential to affect all the patients of the inpatient facility.</p> <p>Findings</p> <p>1. On June 24, 2013 at 2:10 PM, the medication cart on the north wing of the inpatient hospice facility was observed to hold a container of patient #14's Atropine Sulfate Ophthalmic Solution 1% with 2 milliliters of solution that was opened and not labeled with a date, time, or initials of the staff member who had opened the medication container.</p> <p>2. On June 24, 2013 at 2:11 PM, the medication cart on the north wing of the inpatient hospice facility was observed to hold a container of patient #5's medication: haloperidol injection 1 mg</p>	S000693	<p>The RN staff at the inpatient facility were re-inserviced on the agency policy titled "Hospice Pharmaceuticals and Emergency Drug Box" (EDK) immediately with emphasis on "all medication removed from the EDK will be dated and initialed when opened." The RN supervisor followed up with additional review of the policy with the inpatient nursing staff both verbally and with on-site observation.</p> <p>On-going daily monitoring will be logged by the night-shift RN. The RN supervisor will be responsible for reviewing the log monthly and signing off. This process will remain on-going.</p> <p>The RN supervisor will be responsible for periodic unannounced inspections with a minimum of three (3) occasions prior to 8/1/13 and documenting these inspections on a log. If non-compliance is observed, the progressive disciplinary process will be followed.</p>	08/01/2013	

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	<p>(milligram) / mL (milliliter) solution that was opened and not labeled with a date, time, or initials of the staff member who had opened the medication container.</p> <p>3. On June 24, 2013 at 2:35 PM, Employee S, the vice president of regulatory affairs, indicated the medications were opened and not labeled per policy. Employee S indicated these medications were from the EDK (emergency drug kit).</p> <p>4. The agency policy titled "Hospice Pharmaceuticals and emergency drug box" with a review date of 1/2011 stated, "All medications removed from the EDK will be dated and initialed when opened."</p>		The Vice President of Regulatory Affairs will take responsibility to assure that all of the deficiencies are corrected and monitored according to this plan.		