

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 08/31/2016
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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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(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
L 0000 Bldg. 00	<p>This was a federal hospice recertification and state licensure survey.</p> <p>Survey dates: August 29, 30 and 31, 2016</p> <p>Facility Number: 005122</p> <p>Medicaid Number: 200143110A</p> <p>Census: 88 active patients 757 unduplicated admissions in past year 134 SNF Skilled Nursing Facility 42 ALF Assisted Living Facility</p> <p>Sample = 16</p>	L 0000		
L 0579 Bldg. 00	<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. Based on observation, interview, and document review, the hospice failed to ensure all staff followed infection control</p>	L 0579	L 579 The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable	09/30/2016

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>policies for 1 of 4 home visit observations. (# 1)</p> <p>Findings include</p> <p>1. During home visit observation on 8/30/16 at 9:00 AM with patient # 1, the Home Health Aide (HHA) employee D, was observed providing a bed bath. Employee D washed and rinsed the patient's buttocks, employee J (HHA) rolled patient to left side so employee D could proceed to wash and rinse the patient's right shoulder/back/hip; employee D washed and rinsed the patient's right shoulder/back/hip with the same water used to wash and rinse the patient's buttocks. Employee D failed to obtain clean water after washing the buttocks and prior to finish washing the patient's right shoulder/back/hip.</p> <p>2. During interview on 8/31/16 at 1:50 PM, employee K (Clinical Manager) stated she did not see the HHA use the same water- she was busy counting the wash cloths being used.</p> <p>3. The hospice's policy titled "Personal Care-BATHING: BED BATH," section 21.01, copyright 2014 stated "PROCEDURE ... 15. Empty the basin, rinse and refill it with clean water. 16. BACK: ... c. Wash the neck,</p>		<p>diseases, including the use of standard precautions: State Findings: 2 During interview on 8/31/16 at 1:50pm employee K (clinical Manager) stated she did not see the HHA use the same water-she was busy counting the wash cloths being used Clinical manager reports she informed surveyor she "did not see the HHA use the same water" Clinical manager reports surveyor misunderstood her meaning. The HHA did change the water in between. However to ensure proper infection control protocol is being followed all hospice aides will be re-inserviced on proper bed bath bathing protocol per policy by September 30th, 2016. Responsible party: Amy Warren Cobel, RN Clinical Manager</p>	

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	<p>behind ears, and the back with long downward strokes. d. Rinse, pat dry, and apply lotion with a massaging circular motion. ... 17. BUTTOCKS: ...</p> <p>b. Wash the buttocks and anus area, being careful not to contaminate the perineal area of female patients ... 18. Empty the water and obtain clean, warm water."</p>			