

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151544	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2013
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NAME OF PROVIDER OR SUPPLIER HARBOR LIGHT HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 1841 E SUMMIT ST CROWN POINT, IN 46307
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S000000	<p>This visit was for a hospice state relicensure survey.</p> <p>Survey dates: May 14 - 17, 2013</p> <p>Facility #: 009088</p> <p>Medicaid Vendor #: 200121780A</p> <p>Surveyor: Ingrid Miller, MS, BSN, RN, Public Health Nurse Surveyor</p> <p>Total census: 757 patients for the last 12 months</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 23, 2013</p>	S000000		

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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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 home visit observation, interview, and policy review, the hospice failed to ensure that 1 of 1 registered nurse (Employee J) observed at a home visit followed the hospice policy with handwashing while performing a wound care procedure with the potential to effect all hospice patients with wound care performed by a skilled nurse.</p> <p>Findings</p> <p>1. At home visit observation #1 in a skilled nursing facility, on 5/15/13 at 9:15 AM, Employee J, Registered Nurse, removed the blood pressure cuff and stethoscope from her nursing bag and placed the equipment on patient #1's bed. The patient was sitting on the side of the bed at this time. Employee J checked the patient's blood pressure and lung sounds before returning the equipment to the bed cover. Employee J assisted the patient to a resting position on the patient's right side and uncovered the patient's buttocks area and promptly covered this area with a blanket. Employee J washed hands and</p>	S000579	<p>Tag</p> <p>Statement of Correction</p> <p>Plan</p> <p>Monitoring</p> <p>S579</p> <p>ED or designee will ensure that all patients are protected from transmission of infectious disease</p> <p>All staff will be inserviced on infection control using Policy #5XXX Nursing Bag Technique, Policy #2B Infection Control, Policy #2F Handwashing by 6/3/13</p> <p>All licensed nursing staff will be inserviced on proper wound care and infection control during wound care using Policy #5FFF Wound Care Treatment Policy written 6/3/2013</p> <p>Infection control inservice will be complete on hire and annually thereafter.</p> <p>Infection control logs will be</p>	06/03/2013	

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	<p>donned gloves before changing a wound dressing on the patient's coccyx area. After discarding the old dressing and gloves, Employee J donned new gloves without washing her hands. She then applied the hydrogel ointment ordered by applying the ointment to her gloved finger and applying with her index finger of her right hand. The hydrogel ointment had been in her smock pocket before application and was returned to her pocket of her smock after application. Employee J picked up the blood pressure cuff and stethoscope and proceeded to disinfectant it before returning these to her nursing bag.</p> <p>2. The agency policy titled "Handwashing" with an effective date of 5/11/05 stated, "Handwashing is the first line of defense in preventing infection. Patient care staff will utilize good handwashing technique ... use of gloves is not a substitute for hand washing and hands will be washed when gloves are removed."</p> <p>3. On 5/15/13 at 4 PM, Employee A, the patient care manager, indicated that employee J failed to evidence proper handwashing after wound care, that the blood pressure cuff and stethoscope should not be placed on the bed, and the hydrogel ointment should not be applied</p>		reviewed monthly during QAPI.		

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	by a gloved finger or placed in the pocket of the Registered Nurse.				

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S000619	<p>418.76(c)(5) COMPETENCY EVALUATION (5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met.</p> <p>Based on personnel file review, policy review, and interview, the hospice failed to provide documentation that demonstrated hospice aides furnishing hospice aide (HA) services had successfully completed a competency skills evaluation in 4 of 5 hospice aide personnel files reviewed (AA, BB, DD, EE) with the potential to affect all the hospice patients receiving hospice aide services.</p> <p>Findings include</p> <p>1. The policy titled "Hospice Aide Testing & Competency" with a revised date of 12/2/08 stated, "Each hospice aide will demonstrate competence for their position by one or more of the following: Completion of a state approved nurse's aide training [optional], on - site observation and testing [required] ... competency evaluations will be documented and maintained in the employees' personnel file."</p> <p>2. The policy titled "Hospice Aide and Homemaker Services" with an effective date of 12/2/08 stated, "Hospice Aide ...</p>	S000619	<p>Tag</p> <p>Statement of Correction</p> <p>Plan</p> <p>Monitoring</p> <p>S619</p> <p>ED or designee will ensure that all CNA/HHAs have a skills checklist done upon hire by a RN employed by the hospice</p> <p>100% review of current HHA personnel files. A skills checklist will be completed on any HHA without a current skills checklist on file by 6/10/2013</p> <p>Personnel files will be reviewed for compliance upon hire and annually thereafter</p>	06/10/2013			

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	<p>services will be provided to patient / families ... Personnel qualifications ... Hospice aides will be ... competency tested by a Registered Nurse, employee of the hospice ... Hospice aides will perform only those tasks for which they have been competency tested."</p> <p>2. Personnel files AA, hospice aide (HA) and date of hire (DOH) 4/29/13, failed to evidence a competency skills evaluation test upon hire.</p> <p>3. Personnel file BB, HA and DOH 8/27/12, failed to evidence a competency skills evaluation test upon hire.</p> <p>4. Personnel file DD, HA and DOH 10/22/12, failed to evidence a competency skills evaluation test upon hire.</p> <p>5. Personnel file EE, HA and DOH 4/2/13, failed to evidence a competency skills evaluation test upon hire.</p> <p>6. On 5/17/13 at 1:45 PM, the administrator indicated the above hospice aides had not successfully completed a competency skills evaluation upon hire.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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