

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157604	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/20/2021
NAME OF PROVIDER OR SUPPLIER ALL AMERICA HOMEHEALTHCARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 8140 CALUMET AVE , MUNSTER, Indiana, 46321	
(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
N0000	Initial Comments This was a State of Indiana complaint investigation survey for complaint #IN00192013. The survey visit took place on 9/17/2021, and 9/20/2021. Facility ID: IN011598 complaint #IN00192013 - unsubstantiated; lack of sufficient evidence	N0000		
N0446	Home health agency administration/management CFR(s): 410 IAC 17-12-1(c)(3) Rule 12 410 IAC 17-12-1(c)(3) Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the administrator failed to employ qualified personnel to include the development of personnel qualifications in for 1 of 1 alternate clinical manager. (Employee Administrator A) The findings include: Review of an agency policy titled "Scope of Services" policy number 9-001, revised April 2020, stated "Purpose To describe All America Home Healthcare Inc operations including the geographical service area ... Scope of Services ... 1. Professional nursing services are provided in accordance with the patient's plan of care, under	N0446		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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N0446	<p>Continued from page 1 the supervision of a registered nurse"</p> <p>Review of an agency policy titled "Care/Service Coordination" policy number 1-004, revised April 2020, stated "Purpose To ensure the coordination of services for each patient and to minimize the potential for missed, conflicting, or duplicated services ... Policy Each patient will be assigned a Case Manager upon admission by the Clinical Director or Clinical Supervision. It will be the responsibility of the Case Manager to facilitate communication about changes in the patient status among assigned personnel. Timely and ongoing communication is the responsibility of each team member and will be appropriate to the needs and abilities of the patient, and relevant to the care/service provided. The clinician/ technician will be responsible for facilitating communications about changes in the patient status among the assigned personnel... Procedure 1. the program supervisor will assign the patient to a case manager based on the patients need an level of care required, geographic area, and qualifications of organization personnel needed... A. A registered nurse will be assigned to a patient receiving skilled nursing... B. A physical therapist or speech therapist will be assigned to a patient receiving physical or speech therapy only... 4. Care coordination will include, but not be limited to: A. clearly outlining each clinicians responsibilities to avoid duplication of services... C. Regularly occurring telephone or email communication among team members ... D. planned face to face conferences ... E. timely documentation of coordination of care activities"</p> <p>Review of pre-survey information on 9/17/2021, indicated former employee A was the current Clinical Manager as of 12/27/2018. The pre-survey information also indicated former employee B was the current Alternate Clinical Manager since 2/9/2012.</p> <p>Review of State Form titled "Home Health Agencies Report" submitted to the survey by administrator A stated, "Clinical Supervisor ... [RN B's name]" The spaces for the name of the alternate administrator and alternate clinical supervisor remained blank. Review failed to evidence the administrative and clinical supervisory staff was the same with what was listed with the State.</p> <p>During the entrance conference on 9/17/2021, at</p>	N0446		

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N0446	Continued from page 2 11:41 AM, administrator A indicated she was the administrator and alternate clinical manager, while Registered Nurse (RN) B was the alternate administrator and clinical manager. During an interview on 9/20/2021, at 4:32 PM, administrator A indicated she was not clinical or a registered nurse. She indicated since they had a small census, there was a quality assurance nurse who would be able to fill in for the clinical manager. During an interview on 9/20/2021, at 4:52 PM, administrator A indicated former employee A was the clinical manager but had since retired. Administrator A indicated former employee B was the alternate clinical manager but no longer worked for All America Healthcare. When queried about a State Form 855 to notify of changes made to the administration staff, administrator A indicated there should have been.	N0446		
N0470	Home health agency administration/management CFR(s): 410 IAC 17-12-1(m) Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the agency failed to ensure standard precautions were followed by all employees to prevent the transmission of infections and/or communicable diseases for 1 of 1 patient home visit observation. (employee PTA C) The findings include: Review of an agency policy titled "Standard Precautions" policy number 7-007, revised April 2020, stated "Purpose to reduce the risk of exposure to and transmission of infections when caring for patients... Policy organization personnel will adhere to the following precautions an will instruct patients and family/ caregivers in infection control precautions, as appropriate to the patients care needs... Procedure ... general precautions ... Hand Hygiene 1. hand hygiene will be performed to prevent cross contamination between	N0470		

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N0470	<p>Continued from page 3 the patient and personnel...3. When hands are not visibly soiled, use an alcohol based hand rub for routinely decontaminating hands. 4. an alternative to use of an alcohol based hand rub is to wash hands with an antimicrobial soap with water... Personal protective equipment...1. Gloves: A. the use of gloves... Is important when personnel has cuts, abraded skin, chapped hands, dermatitis, etc. Gloves are to be worn when: ... 3. touching contaminated items or surfaces ... C. Gloves are to be changed: 1. between tests and procedures on the same patient ... 4. When the integrity of the glove is in doubt"</p> <p>Review of an agency policy titled "Bag Technique" policy number 7-016, revised April 2020, stated "Purpose to describe the procedure for maintaining a clean nursing bag/ computer bag in preventing cross contamination... Policy as part of the infection/ exposure control plan, All America Home Health Care Inc personnel will consistently implement principles to maximize efficient use of the patient's care supply bag when used in caring for patients... Procedure... Bag Technique 1. The bag will be placed on a clean surface (i.e., a surface that can be easily disinfected) in the car and in the home ... 7. paper towels/ newspapers have been used as protective barrier for bag placement in the patients home, they will be discarded"</p> <p>During an observation of a home visit on 9/20/2021, at 10:03 AM, for patient #1, start of care 7/13/2021, and clinician PTA [physical therapy assistant] C. PTA C set their bag down on the patient's kitchen chair and washed her hands in the kitchen sink with soap and water, dried with paper towels, and discarded in the garbage. PTA C removed stethoscope, blood pressure cuff, pulse oximeter, and thermometer from their bag and donned new gloves. PTA C assessed the patient's blood pressure, temperature, heartrate, oxygen, and respirations, then placed the blood pressure cuff and thermometer back into her bag. At 10:12 AM, PTA C removed a ball from her bag and bounced the ball on the floor with the patient as part of the home exercise program. PTA C removed the blood pressure cuff and thermometer from their bag, wearing the same gloves, and began to wipe the equipment off. Then PTA C sanitized the stethoscope and pulse oximeter, and placed all the items back into the clinician's bag. At 10:15 AM, PTA C removed their gloves, and donned a new pair, without sanitizing in between glove changes. At 10:17 AM, PTA C instructed the patient to another</p>	N0470		

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N0470	Continued from page 4 exercise while she sanitized the ball, then put the ball back into the bag. At 10:21 AM, PTA C removed their gloves and sanitized with an alcohol-based hand rub. Observation failed to evidence a barrier was used between the clinician's bag and patient's property. Observation failed to evidence the clinician sanitized their hands prior to entering their bag. Observation failed to evidence hand hygiene was performed in between glove changes to prevent the spread of communicable diseases and infections. During an interview on 9/20/2021, at 4:20 PM, administrator A indicated a clinician would be expected to perform hand hygiene after removing gloves and after patient contact. The administrator was notified PTA C failed to use a barrier between their bag and patient's chair.	N0470		
N0610	Clinical Records CFR(s): 410 IAC 17-15-1(a)(7) Rule 15 Sec. 1. (a)(7) All entries must be legible, clear, complete, and appropriately authenticated and dated. Authentication must include signatures or a secured computer entry. Based on record review and interview, the home health agency failed to ensure clinicians authenticated their clinical documentations in 1 of 2 closed records reviewed. (#2) The findings include: Review of an agency policy titled "Scope of Services" policy number 9-001, revised April 2020, stated "Purpose To describe All America Home Healthcare Inc operations including the geographical service area ... Scope of Services ... 6. Rehabilitative therapies are provided according to the patient's plan of care by a registered/certified physical or occupational therapist in accordance with the patient's plan of care and include: ... G. Preparing clinical and progress notes" Clinical record review on 9/20/2021, for patient #2, start of care 9/26/2015, evidenced an agency document titled "PT [physical therapy] Visit" from 11/30/2015 and signed by former employee E. This document failed to evidence former employee E's title and date of signature.	N0610		

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N0610	Continued from page 5 During an interview on 9/20/2021, at 4:46 PM, administrator A indicated clinicians would be expected to authenticate a document from every visit with a signature, title, and date.	N0610		