

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

PRINTED: 02/24/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K004	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2021
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NAME OF PROVIDER OR SUPPLIER SCROGGINS NURSING AND HOME SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 8525 SW JENNINGS ST COMMISKEY, IN 47227
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E 0000 Bldg. 00	<p>This visit was for a complaint investigation in conjunction with a Focused Infection Control COVID-19 Emergency Preparedness Survey.</p> <p>Survey Date: February 4th, 2021</p> <p>At this Focused Infection Control Emergency Preparedness survey, in regards to staffing and implementation of staffing Scroggins Nursing and Home Services Inc. was found to be in compliance with 42 CFR 484.102 Emergency Preparedness Requirements for Medicare Participating Providers and Suppliers for Home Health Agencies.</p>	E 0000		
G 0000 Bldg. 00	<p>This survey was for a federal and state complaint in conjunction with an infection control focused COVID-19 survey.</p> <p>Complaint IN00328301 - unsubstantiated due to lack of evidence.</p> <p>Survey Date: February 4th of 2021.</p> <p>Census: 22</p> <p>Partially Extended Survey Announced 02/04/2021 at 3:30 p.m.</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 17. Refer to state form for additional state findings.</p> <p>Quality Review completed on 2/11/2021 A4</p>	G 0000		

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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G 0682 Bldg. 00	<p>484.70(a) Infection Prevention Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.</p> <p>Based on record review and interview, the agency failed to ensure staff were following acceptable standards of practice by actively screening patients prior to performing home visits and actively taking their own temperatures and documenting absence of illness or signs/symptoms of COVID-19 for 1 of 1 agency reviewed.</p> <p>Findings include:</p> <p>1. A 3/23/2020 CMS Infection Control Covid-19 questionnaire tool indicated, but was not limited to, "Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?" Ref: QSO 20-20-All</p> <p>2. A 3/10/2020 CMS Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs) indicated, but was not limited to, "How should HHAs screen patients for COVID-19? When making a home visit, HHAs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask patients about the following: 1. International travel within the last 14 days to countries with sustained</p>	G 0682	<p>1. In order to correct this deficiency our agency updated our policy regarding COVID-19 to ensure we were taking all necessary safety precautions. Our policy will now include the need for each employee to self screen prior to conducting patient care and will also instruct them on how to screen clients before each visit.</p> <p>2. The policy will be changed to include the specific questions that the employee needs to ask their client before each visit. Those questions include : Have you had international travel in the past 14 days? Do you have any symptoms (cough, fever, chills)? Have you had contact with someone positive for COVID-19?</p> <p>3. Each employee will document their temperature and if they have any signs/symptoms daily on their timesheet and this will be turned into office staff weekly with their other mandatory documentation. The agency will also ensure that each employee has completed a COVID-19 inservice as well.</p> <p>4 The Director of Nursing will</p>	03/05/2021	

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N 0000 Bldg. 00	<p>community transmission ... 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat. 3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness. 4. Residing in a community where community-based spread of COVID-19 is occurring."</p> <p>3. A 3/16/2020 dated document titled Policy on COVID-19 was provided by the alternate administrator on 2/4/2021 at 3:28 p.m. The document failed to evidence a requirement to self screen prior to patient care and failed to evidence a policy on screening patients for potential COVID-19 infections prior to or at the beginning of scheduled home visits.</p> <p>4. During an interview on 2/4/2021 at 3:30 p.m. the alternate administrator stated the agency staff did not self-screen or document absence of signs or symptoms of COVID-19 prior to each shift and they were not actively screening patients prior to or at the beginning of each home visit. She stated she was not aware that was something that they needed to do but would work on correcting it.</p> <p>17-12-1(m)</p> <p>This survey was for a state complaint survey.</p> <p>Survey Date: February 4th of 2021.</p> <p>Census: 22</p>	N 0000	oversee and ensure that each employee is taking these steps.		
N 0458	410 IAC 17-12-1(f) Home health agency				

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Bldg. 00	<p>administration/management</p> <p>Rule 12 Sec. 1(f) Personnel practices for employees shall be supported by written policies. All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service. Personnel records of employees who deliver home health services shall be kept current and shall include documentation of orientation to the job, including the following:</p> <ol style="list-style-type: none"> (1) Receipt of job description. (2) Qualifications. (3) A copy of limited criminal history pursuant to IC 16-27-2. (4) A copy of current license, certification, or registration. (5) Annual performance evaluations. <p>Based on record review and interview, the agency failed to keep personnel records current by including current licensure, certification, or registration for 4 of 7 personnel records reviewed. (Employee B, D, C, and E)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. An undated policy titled Personnel Requirements/Files was provided by the alternate administrator on 2/4/2021 at 2:26 p.m. The document indicated, but was not limited to, "Personnel records of employees who perform direct patient care will be kept current and will include documentation of the following: ... Copy of current license, certification, or registration." 2. On 2/4/2021 the complete personnel file for employee B, hire date 9/24/2018, was provided by the alternate administrator and failed to evidence a copy of a current license to operate as a 	N 0458	<ol style="list-style-type: none"> 1. our agency ensured that each personnel file that was audited now contains a current license or certification. 2. To ensure that the files that were not audited were also in compliance with the state guidelines our office staff will conduct our own audit on the remaining personnel files to ensure that all licenses or certifications were current and if the personnel file did not contain a current one the one was obtained and placed in the file. 3. In order to ensure that this does not occur in the future quarterly personnel file audits. By doing this we will be able to alert employees when they need to renew licenses 	03/01/2021
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N 9999 Bldg. 00	<p>Registered Nurse.</p> <p>3. On 2/4/2021 the complete personnel file for employee D, hire date 2/1/1996, was provided by the alternate administrator and failed to evidence a copy of a current license to operate as a Registered Home Health Aide.</p> <p>4. On 2/4/2021 the complete personnel file for employee C, hire date 7/19/2002, was provided by the alternate administrator and failed to evidence a copy of a current license to operate as a Registered Nurse.</p> <p>5. On 2/4/2021 the complete personnel file for employee E, hire date 2/19/2010, was provided by the alternate administrator and failed to evidence a copy of a current license to operate as a Registered Home Health Aide. The record evidenced a home health aide registration using a name different from employee E's current name or other known aliases.</p> <p>6. During an interview on 2/4/2021 at 3:29 p.m. the alternate administrator stated the licenses or registrations were current but they had failed to include them in the personnel files. The alternate administrator stated employee E's name has been incorrect since her initial licensure and she has to jump through hoops to renew each time. The alternate administrator stated the name has not been corrected with the licensing board.</p> <p>Indiana Code (IC) 16-27-2.5 Sec. 1. (a) After giving a job applicant written notice of the home health agency's drug testing</p>	N 9999	<p>or certifications, and we will also be able to quickly catch ones that need to be filed.</p> <p>4. The human resource director is responsible to ensure that these audits occur.</p> <p>1. Our agency updated our drug test policy to ensure that it states that each hired applicant will be drug tested prior to having any</p>	03/01/2021	

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	<p>policy, a home health agency shall require a job applicant who is seeking employment with the home health agency for a position that will have direct contact with a patient to be tested for the illegal use of a controlled substance...(c) If a job applicant is hired by the home health agency before the job applicant's results of the drug test are received, the hired individual may not have any contact with patients until the home health agency obtains results of the drug test that indicate that the individual tested negative on the drug test....</p> <p>Sec. 2. (a) A home health agency must: (1) have a written drug testing policy that is distributed to all employees; and (2) require each employee to acknowledge receipt of the policy. (b) A home health agency shall randomly test: (1) at least fifty percent (50%) of the home health agency's employees who: (A) have direct contact with patients; and (B) are not licensed by a board or commission under IC 25; at least annually; or (2) when the home health agency has reasonable suspicion that an employee is engaged in the illegal use of a controlled substance. (c) A home health agency shall either discharge or discipline with a minimum of a six (6) month suspension an employee who refuses to submit to a drug test.</p> <p>Sec. 3. If an employee tests positive on a drug test, and the employee does not have a valid prescription for the substance for which the employee tested positive on the drug test, the home health agency shall have the results of the test verified by a confirmation test. The employee shall pay for the confirmation test. If the positive test result is confirmed, the home health agency shall either discharge the employee or suspend the employee from coming into direct contact with patients for at least six (6) months after the date of the confirmation test result. An employee who has a valid prescription for the substance for which</p>		<p>patient contact. We will also ensure that the policy states that 50% of our employees will be randomly drug tested annually. The policy will also be updated to state that if an employee tests positive for a substance and they do not have a valid prescription for that substance they will be sent for a confirmation test and they will be suspended for at least 6 months if not terminated indefinitely.</p> <p>2. We conducted an audit of all employee files to ensure that they were drug tested when hired and randomly.</p> <p>3. In order to ensure this issue does not occur again all applicants will be required to meet with the Director of Nursing when interviewed in order to receive a drug test. These results will be kept in a drug test file so that they are easily accessible to appropriate staff and for the state when they come in for an audit. This file will also help with ensuring that we are in fact testing 50% of our staff annually.</p> <p>4. The director of nursing will oversee the drug testing program.</p>	

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	<p>the employee tested positive on a drug test may not be terminated or suspended under this subsection.</p> <p>Based on record review and interview, the agency personnel files failed to evidence all applicable employees had received pre-hire drug tests and the agency failed to ensure they were meeting the required annual drug testing minimum requirements for 1 of 1 agency reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. A 7/1/2017 personnel policy titled Drug Urine Screening was provided by the alternate administrator on 2/4/2021 at 2:41 p.m. The document indicated, but was not limited to, "Pre-employment testing will be performed, however under no circumstance may the employee provide care to a patient until a negative test result has been received ... The agency exercises the right to request random drug urine screening on any employee at an time." 2. On 2/4/2021 the complete personnel file for employee F, HHA (home health aide) hire date 7/14/1997, was provided by the alternate administrator and failed to evidence employee F had been drug tested. 3. On 2/4/2021 the complete personnel file for employee D, HHA hire date 2/1/1996, was provided by the alternate administrator and failed to evidence employee D had been drug tested. 4. On 2/4/2021 the complete personnel file for employee G, HHA hire date 1/31/2019, was provided by the alternate administrator and failed to evidence a pre-hire drug screen or that the employee D had ever been drug tested. 			

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	<p>6. On 2/4/2021 the complete personnel file for employee E, hire date 2/19/2010, was provided by the alternate administrator and failed to evidence a employee E had been drug tested.</p> <p>7. The agency currently employ 7 home health aides providing patient care. The agency failed meet the minimum random annual drug testing requirement for the state of Indiana.</p> <p>8. During an interview on 2/4/2021 at 3:29 p.m. the alternate administrator verified drug test were missing form employee files and that they had not met the 50% annual drug testing requirement.</p>			