STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	157606	A. BUILDING 00 B. WING	11/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EPIC HEALTH SERVICES	2629 WATERFRONT PKWY E DR STE 150 INDIANAPOLIS, IN 46214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
G 0000 Bldg. 00	This visit was for a federal home health validation survey requested by CMS, The survey was partially extended. Survey Dates: 11/27/17 through 11/30/17 Facility ID: 007136 Medicare Provider ID: 15-7606 Skilled Unduplicated 12 month census: 140 Current Active Census 107 Records reviewed 10 Home visits 5	G 0000		
G 0121 Bldg. 00	484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. Based on observation, policy review and interview, the agency failed to ensure	G 0121	All current employees will be in-serviced on hand hygiene via email/mail in-service. All new employees will be in-serviced at	12/29/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	clinicians followed recognized infection control procedures related to hand hygiene and gloving for 2 of 5 home visit observations. (patient # 1 and #3). Findings Include: 1. At a home visit observation on 11/28/17 at 12:15 PM employee A, a licensed practical nurse was observed while administering a gastrostomy tube (gtube) feeding to patient #3. The nurse was observed to don gloves without first performing hand hygiene, then connect the patient's g-tube to continuous feeding, then remove gloves but did not perform hand hygiene before moving away from the patient care area to other areas of the home. 2. At a home visit observation on 11/28/17 at 2:05 PM, employee B, a licensed practical nurse was observed to discontinue a continuous tube feeding for patient #1. The nurse first clamped, then disconnected the continuous g-tube feeding, then flushed the g-tube without wearing gloves. 3. In a 3:30 PM 11/29/17 interview with the agency's director of nursing, the director acknowledged the employees did not follow appropriate procedures for use of gloves and hand hygiene.		orientation. During all Nursing Supervisory visits, nurses that are present during visit will be supervised on hand hygiene. This will be documented in the supervisory note. Additional education given if applicable and documented. 10% of all employee files will be audited on a quarterly basis for hand hygiene education/supervision. In addition, review of this requirement is included during ongoing corporate audits. The Director of Nursing/Nursing Supervisors will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

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	4. The agency's undated policy titled, 9-3 Personal Protective Equipment-Standard Precautions stated, Clinical staff will wear gloves when it can be reasonably anticipated that they will have contact with blood, body fluids, mucous membranes or non-intact skin; when performing vascular access procedures and when handling/touching contaminated items or surfaces. 5. The agency's undated policy titled 9-4 Engineering/Work Practice Controls stated, Hands will be washed prior to direct contact with patients and hands and other skin surfaces will be washed immediately and thoroughly if contaminated with blood or other body fluids.			
G 0158 Bldg. 00	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on record review, and interview, the agency failed to ensure the frequencies and hours of services ordered on the plan of care were met for 3 of 10 clinical records reviewed, (records #6,8,10).	G 0158	All referrals received will be reviewed by Executive Director for ability to provide the physician's ordered frequencies and hours. Admissions will not occur unless Physician ordered frequencies and hours can be met. Corporate Recruiting will be made	12/29/2017

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	Findings Include : 1. The clinical record for patient #6, start of care date 3/4/16 was reviewed 11/29/17. The record included a plan of care established by the physician for the certification period 8/25/17 through 10/25/17 with orders for a nurse to provide care 7-9 hours per day 4-6 days per week. A. A review of the skilled nursing notes indicated the patient received care from a nurse for only three days during the week of 9/3/17 through 9/9/17 and only two days during the week of 10/15/17 through 10/21/17. B. Two documents titled missed shift/visit report found in the record indicated the shift/hours were missed because the agency was unable to fill the shift due to no available staff from the agency. 2. The clinical record for patient #8, start of care date 4/5/16 was reviewed 11/30/17. The record included a plan of care established by the physician for the certification period 9/16/17 through 11/14/17 with orders for a nurse to provide care 7-16 hours per day 5-7 days per week.		aware on a weekly basis of scheduling needs of current clients. Local branch recruiting will be made aware on a daily basis of recruiting needs. Nursing supervisors will review all 485's for accurate ranges for physician ordered hours and frequencies verifying they correlate with payer authorizations. If discrepancies found, physicians will be notified and accurate orders obtained. 10% of client files will be audited on a quarterly basis for ensuring the frequencies and hours of services ordered on the plan of care are being met. In addition, review of this requirement is included during ongoing corporate audits. The Executive Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

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	A. A review of the skilled nursing notes indicated the patient received care from a nurse for only three days during the week of 10/8/17 through 10/14/17. B. A document titled missed shift/visit report found in the record indicated the shifts/hours were missed because the agency was unable to fill the shift due to no available staff from the agency. 3. The clinical record for patient #10, start of care date 6/4/15 was reviewed 11/30/17. The record included a plan of care established by the physician for the certification period 9/4/17 through 11/02/17 with orders for a nurse to provide care 8-13 hours per day 5-7 days per week. A. A review of the skilled nursing notes indicated the patient received nursing services for only 6.5 hours on 9/29/17, received only 6.25 hours of skilled nursing care on 10/27/17 and received nursing services for only four days for the week of 10/22/17 through 10/28/17. B. Documents titled missed shift/visit report found in the record indicated the shifts/hours were missed because the agency was unable to provide care due to no			

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	available staff from the agency. 4. In an 11/30/17 3:30 PM interview with the the agency's director of nursing, the director acknowledged the hours shifts were not provided in accordance with the patient's plans of care for patients 6, 8, and 10. 5. An undated agency policy, titled 3-11 Care Plan Development stated, Care planning for each patient is individualized to address the patient's problems and needs...The total number of hours provided will be appropriate to the care required and ordered.			
G 0159 Bldg. 00	484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. Based on record review and interview,the agency failed to ensure the plan of care	G 0159	Nursing Supervisors will be reeducated via in-service on obtaining appropriate orders for	12/29/2017

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	contained an order for respite skilled nurses services appropriate to the patient's needs for 1 of 10 clinical records reviewed (Patient #4). Findings Include: 1. The clinical record for patient #4 with a start of care date 2/6/17 was reviewed 11/29/17. The record included a plan of care for the certification period 9/17/17 through 11/15/17. The plan of care failed to indicate an order for medicaid respite skilled nursing care. A. A skilled nursing flowsheet dated 11/8/17 indicated the nurse provided two hours of medicaid respite skilled nursing care on that date. B. A skilled nursing flowsheet dated 10/19/17 indicated the nurse provided four and a half hours of medicaid respite skilled nursing on that date. C. A Notice of Action document found in the record indicated that services were approved by medicaid for respite nursing for the period from 6/30/17 through 3/31/18. These services failed to be		Respite Skilled Nursing services. All client files will be reviewed for appropriate orders for Respite Skilled Nursing services on the Plan of Care. Orders will be obtained if needed and billing pulled if any staffing occurred without proper orders. An order was obtained on 11/28/2017 for Respite Skilled Nursing Services for patient # 4. All waiver billing from 06/01/17-11/22/2017 for patient #4 was pulled and finalized on 12.15.2017. 10% of client files will be audited on a quarterly basis for appropriate orders for Respite Skilled Nursing services on the Plan of Care. In addition, review of this requirement is included during ongoing corporate audits. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

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	ordered on the plan of care. 2. In an interview with the director of nursing on 11/30/17 at 3:30 PM, the director acknowledged patient #4 received respite skilled nursing services and that this should be ordered on the plan of care. 3. An undated agency policy titled 3-10 Physician Orders stated, The Plan of Treatment is developed based on an evaluation of the patient's immediate and long term needs. It includes all pertinent diagnoses...types of services..hours or frequency of shifts...and other appropriate items.			
N 0000 Bldg. 00	This survey visit was for a state home health re-licensure survey Survey Dates: 11/27/17 through 11/30/17 Facility ID: 007136 Medicaid Vendor ID #: 200869820 Skilled Unduplicated 12 month census: 140 10 records reviewed	N 0000		

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	5 home visits			
N 0470 Bldg. 00	410 IAC 17-12-1(m) Home health agency administration/management 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. Based on observation, policy review and interview, the agency failed to ensure clinicians followed recognized infection control procedures related to hand hygiene and gloving for 2 of 5 home visit observations. (patient # 1 and #3). Findings Include: 1. At a home visit observation on 11/28/17 at 12:15 PM employee A, a licensed practical nurse was observed while administering a gastrostomy tube (gtube) feeding to patient #3. The nurse was observed to don gloves without first performing hand hygiene, then connect the patient's g-tube to continuous feeding, then remove gloves but did not perform hand hygiene before moving away from the patient care area to other areas of the home.	N 0470	All current employees will be in-serviced on hand hygiene via email/mail in-service. All new employees will be in-serviced at orientation. During all Nursing Supervisory visits, nurses that are present during visit will be supervised on hand hygiene. This will be documented in the supervisory note. Additional education given if applicable and documented. 10% of all employee files will be audited on a quarterly basis for hand hygiene education/supervision. In addition, review of this requirement is included during ongoing corporate audits. The Director of Nursing/Nursing Supervisors will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	12/29/2017

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	2. At a home visit observation on 11/28/17 at 2:05 PM, employee B, a licensed practical nurse was observed to discontinue a continuous tube feeding for patient #1. The nurse first clamped, then disconnected the continuous g-tube feeding, then flushed the g-tube without wearing gloves. 3. In a 3:30 PM 11/29/17 interview with the agency's director of nursing, the director acknowledged the employees did not follow appropriate procedures for use of gloves and hand hygiene. 4. The agency's undated policy titled, 9-3 Personal Protective Equipment-Standard Precautions stated, Clinical staff will wear gloves when it can be reasonably anticipated that they will have contact with blood, body fluids, mucous membranes or non-intact skin; when performing vascular access procedures and when handling/touching contaminated items or surfaces. 5. The agency's undated policy titled 9-4 Engineering/Work Practice Controls stated, Hands will be washed prior to direct contact with patients and hands and other skin surfaces will be washed immediately and thoroughly if contaminated with blood or other body fluids.			

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N 0522 Bldg. 00	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on record review, and interview, the agency failed to ensure the frequencies and hours of services ordered on the plan of care were met for 3 of 10 clinical records reviewed, (records #6,8,10). Findings Include : 1. The clinical record for patient #6, start of care date 3/4/16 was reviewed 11/29/17. The record included a plan of care established by the physician for the certification period 8/25/17 through 10/25/17 with orders for a nurse to provide care 7-9 hours per day 4-6 days per week. A. A review of the skilled nursing notes indicated the patient received care from a nurse for only three days during the week of 9/3/17 through 9/9/17 and only two days during the week of 10/15/17 through 10/21/17. B. Two documents titled missed shift/visit report found in the record indicated	N 0522	All referrals received will be reviewed by Executive Director for ability to provide the physician's ordered frequencies and hours. Admissions will not occur unless Physician ordered frequencies and hours can be met. Corporate Recruiting will be made aware on a weekly basis of scheduling needs of current clients. Local branch recruiting will be made aware on a daily basis of recruiting needs. Nursing supervisors will review all 485's for accurate ranges for physician ordered hours and frequencies verifying they correlate with payer authorizations. If discrepancies found, physicians will be notified and accurate orders obtained. 10% of client files will be audited on a quarterly basis for ensuring the frequencies and hours of services ordered on the plan of care are being met. In addition, review of this requirement is included during ongoing corporate audits. The Executive Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	12/29/2017

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	the shift/hours were missed because the agency was unable to fill the shift due to no available staff from the agency. 2. The clinical record for patient #8, start of care date 4/5/16 was reviewed 11/30/17. The record included a plan of care established by the physician for the certification period 9/16/17 through 11/14/17 with orders for a nurse to provide care 7-16 hours per day 5-7 days per week. A. A review of the skilled nursing notes indicated the patient received care from a nurse for only three days during the week of 10/8/17 through 10/14/17. B. A document titled missed shift/visit report found in the record indicated the shifts/hours were missed because the agency was unable to fill the shift due to no available staff from the agency. 3. The clinical record for patient #10, start of care date 6/4/15 was reviewed 11/30/17. The record included a plan of care established by the physician for the certification period 9/4/17 through 11/02/17 with orders for a nurse to provide care 8-13 hours per day 5-7 days per week.			

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	A. A review of the skilled nursing notes indicated the patient received nursing services for only 6.5 hours on 9/29/17, received only 6.25 hours of skilled nursing care on 10/27/17 and received nursing services for only four days for the week of 10/22/17 through 10/28/17. B. Documents titled missed shift/visit report found in the record indicated the shifts/hours were missed because the agency was unable to provide care due to no available staff from the agency. 4. In an 11/30/17 3:30 PM interview with the the agency's director of nursing, the director acknowledged the hours shifts were not provided in accordance with the patient's plans of care for patients 6, 8, and 10. 5. An undated agency policy, titled 3-11 Care Plan Development stated, Care planning for each patient is individualized to address the patient's problems and needs...The total number of hours provided will be appropriate to the care required and ordered.			
N 0524	410 IAC 17-13-1(a)(1) Patient Care			

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Bldg. 00	Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall: (A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following: (i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items. Based on record review and interview,the agency failed to ensure the plan of care contained an order for respite skilled nurses services appropriate to the patient's needs for 1 of 10 clinical records reviewed (Patient #4). Findings Include: 1. The clinical record for patient #4 with a start of care date 2/6/17 was reviewed	N 0524	Nursing Supervisors will be reeducated via in-service on obtaining appropriate orders for Respite Skilled Nursing services. All client files will be reviewed for appropriate orders for Respite Skilled Nursing services on the Plan of Care. Orders will be obtained if needed and billing pulled if any staffing occurred without proper orders. An order was obtained on 11/28/2017 for Respite Skilled	12/29/2017

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	11/29/17. The record included a plan of care for the certification period 9/17/17 through 11/15/17. The plan of care failed to indicate an order for medicaid respite skilled nursing care. A. A skilled nursing flowsheet dated 11/8/17 indicated the nurse provided two hours of medicaid respite skilled nursing care on that date. B. A skilled nursing flowsheet dated 10/19/17 indicated the nurse provided four and a half hours of medicaid respite skilled nursing on that date. C. A Notice of Action document found in the record indicated that services were approved by medicaid for respite nursing for the period from 6/30/17 through 3/31/18. These services failed to be ordered on the plan of care. 2. In an interview with the director of nursing on 11/30/17 at 3:30 PM, the director acknowledged patient #4 received respite skilled nursing services and that this should be ordered on the plan of care. 3. An undated agency policy titled 3-10 Physician Orders stated, The Plan of Treatment is developed based on an		Nursing Services for patient # 4. All waiver billing from 06/01/17-11/22/2017 for patient #4 was pulled and finalized on 12.15.2017. 10% of client files will be audited on a quarterly basis for appropriate orders for Respite Skilled Nursing services on the Plan of Care. In addition, review of this requirement is included during ongoing corporate audits. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	157606	A. BUILDING 00 B. WING	11/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
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	evaluation of the patient's immediate and long term needs. It includes all pertinent diagnoses...types of services..hours or frequency of shifts...and other appropriate items.			