

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 201203680	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/14/2022
NAME OF PROVIDER OR SUPPLIER BRIGHTSTAR OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP CODE 333 EAST WASHINGTON BLVD, FORT WAYNE, IN, 46802		
(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
G0000	<p>INITIAL COMMENTS</p> <p>This visit was for a Federal Recertification and State re-licensure survey in conjunction with a complaint survey of a Home Health Agency.</p> <p>Survey dates: 7/11, 7/12, 7/13, and 7/14/22</p> <p>Complaint # 29749: Substantiated: Federal and state deficiencies were not cited.</p> <p>This report reflects State Findings cited in accordance with 410 IAC 17.</p>	G0000	No response needed.	2022-08-03
G0684	<p>Infection control</p> <p>484.70(b)(1)(2)</p> <p>Standard: Control.</p> <p>The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program. The infection</p>	G0684	<p><i>How will the deficiency be corrected?</i></p> <p>Patient #2 – Home Health Aide #1 received individualized reeducation on Infection Control including proper hand hygiene and use of gloves with additional focus on glove use during bathing and showering on 7/12/22. Home Health Aide</p>	2022-08-03

control program must include:

(1) A method for identifying infectious and communicable disease problems; and

(2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.

Based on review, observation, and interview, the agency failed to ensure staff followed infection control policies and procedures for 2 of 3 home visit observations. (Patients #2 and #4).

Findings include:

1. A review of the Centers for Disease Control on 7/15/22, When to Perform Hand Hygiene (<https://www.cdc.gov/handhygiene/providers/>), revealed that, Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use an Alcohol-Based Hand Sanitizer or wash with soap and water immediately before touching a patient, when hands are visibly soiled, before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, after caring for a person with known or suspected infectious diarrhea, before moving from work on a soiled body site to a clean body site on the same patient, after known or suspected exposure to spores (e.g. *B. anthracis*, *C difficile* outbreaks), after touching a patient or the patient's immediate environment, after contact with blood, body fluids or contaminated surfaces, or immediately after glove removal. WHEN AND HOW TO WEAR GLOVES revealed, Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Gloves are not a substitute for hand hygiene. If your task

#1 completed and passed return demonstration skills competency check of hand washing and glove application and removal on 7/12/22. Home Health Aide #1 correctly demonstrated on pseudo-patient appropriate usage of hand hygiene and gloves while bathing on 7/12/22. Home Health Aide #1 was observed giving a shower to patient #2 utilizing correct hand hygiene and glove usage techniques during a home visit on 7/28/22.

Patient #4 – Home Health Aide #2 received individualized reeducation on Infection Control including proper hand hygiene and use of gloves with additional focus on glove use during bathing and showering on 7/12/22. Home Health Aide #2 completed and passed return demonstration of skills competency check of hand washing and glove application and removal on 7/12/22. Home Health Aide #2 correctly demonstrated on pseudo-patient appropriate usage of hand hygiene and gloves during a bed bath on 7/12/22. Home Health Aide #2 was observed utilizing correct

donning gloves, before touching the patient or the patient's environment. Perform hand hygiene immediately after removing gloves. Change gloves and perform hand hygiene during patient care, if moving from work on a soiled body site to a clean body site on the same patient &

2. A review of an Agency's policy titled, Policy No. 9-011 Hand Hygiene dated 9/21, revealed, &2. When to Wash: &before and after caring for a person, contact with a patient's skin, contact with environmental surfaces &, touching contaminated surfaces, after glove removal &

3. A review of an Agency's policy titled, Policy No. 9-009 Standard Precautions Policy dated 12/21, revealed POLICY The Agency personnel will adhere to the following precautions and will instruct patients and family/caregivers in infection control precautions &PROCEDURE &GENERAL PRECAUTIONS-HAND HYGIENE B. Hand hygiene will be performed to prevent cross-contamination between the patient and personnel. A. Gloves &Gloves are to be worn when &i. There is actual or potential contact with blood or other potentially infectious materials &iii. Touching contaminated items or surfaces &x. Cleaning of body fluids and decontamination procedures &xiii. Handling soiled linen &c. Gloves are to be changed: i. Between tasks and procedures on the same patient, ii. After changing or cleaning an incontinent patient &e.i. Gloves are not necessarily needed for general care or during casual contact, such as bathing of intact skin &

4. A home visit with Pt 2 was conducted on 7/12/22 at 8 am, with HHA 1. HHA 1 arrived prior to this writer, and upon entering the home, HHA 1 was gathering clothing for the patient. The HHA 1 was asked to move their vehicle, complied with the request, returned, and completed hand hygiene. HHA 1 filled 2 water basins, then proceeded to remove the patient's blankets, heel protectors, socks, and gauze between toes without the use of gloves. HHA 1 began washing the patient's face with

hand hygiene and glove usage while providing a bed bath to patient #4 during a home visit on 7/26/22.

How will you prevent the deficiency from recurring in the future?

Agency policies addressing Hand Hygiene and Standard Precautions have been reviewed and revised as deemed necessary to include additional listed indications and steps on when to change gloves and sanitize hands during patient care.

All clinical staff were educated on and received a copy of the revised Hand Hygiene and Standard Precautions policies. Hand Hygiene and Bathing continuing education training packets have been distributed to agencies clinical staff.

RN Case Managers have been educated on the importance of observing and documenting hand hygiene practices to include questioning of staff appropriate usage of gloves during patient care while completing supervisory visits in

plain water. HHA1 donned gloves, washed, rinsed, and dried the patient's upper front torso, repeated the same on the patient's back, and threw washcloths in a dirty linen basket. Doffed gloves and donned a clean pair of gloves. Washed, rinsed, and dried both lower extremities. Reached into a clean linen bin, retrieving a clean washcloth for peri care. HHA 1 removed the old brief from the patient, performed peri care, doffed gloves, and donned a clean pair of gloves. HHA stated they liked to make a mixture of Calmoseptine, barrier protective cream, and A & D ointment to apply as a protective barrier to the patient's coccyx area, then applied Vaseline to the patient's groin areas. HHA 1 changed gloves, touching different lotions to pick out and apply certain lotions to the patient's face and arms, chest and back, legs, and feet. HHA 1 changed gloves, placed gauze between toes and applied socks. HHA 1 finished dressing and covering the patient, then emptied the wash basins.

5. During an interview with Adm Staff 1 on 7/13/22 at 2:45 PM, Adm Staff stated yes, I saw that, when discussing hand hygiene with HHA 1.

6. A review of an untitled, undated Agency document stated, "BrightStar Employees...our hope is for the health and safety of our clients to continue. Remaining vigilant in the procedures and processes from the CDC [Centers for Disease Control] that you have now grown accustomed to over the last year is still of utmost importance while we are still navigating the pandemic. Reminders of the processes that you should be following include: a. Utilize excellent handwashing. - Wash your hands often with soap and water for at least 20 seconds...- Wash your hands after each time you have removed your gloves... - If soap and water are not readily available, use of a hand sanitizer that contains at least 60% alcohol is a good option. Cover all surfaces of your hands and rub them together until they feel dry... d. Wear gloves when providing patient care."

7. A home visit was conducted on 7/12/22 at

the patient's homes, during annual performance reviews and during interactions with the staff during visits to the office.

Director of Nursing or designee will review each week handwashing and glove use data as submitted on hand hygiene competency forms.

Any problems identified will be communicated to a member of the clinical management team for corrective action.

Audit results will be reviewed by QA Committee quarterly.

Who will be responsible for ensuring the Plan of Correction is implemented?

The Administrator will be responsible for ensuring the Plan of Correction is implemented effectively.

9:00 AM. Home Health Aide 2 was observed preparing Patient 4 for a shower. With bare hands, HHA 2 assisted the patient with disrobing, and set the dirty laundry aside, the HHA drew back the shower curtain, turned on the faucet and waited for an acceptable temperature, assisted the patient into the shower, allowed the patient to wash as much of self as able, and assisted with the rest, including scrubbing the patient's back with a soapy cloth. While the shower was still in progress, HHA 4 assisted with tousling the patient's hair to ensure shampoo had been rinsed out. With bare hands, HHA 4 handed the patient 2-3 disposable cleansing wipes for the patient to self-cleanse the peri area. When the patient had completed the task, with bare hands, the aide held up a small clear trash bag near the opening of the shower, close enough for the patient to insert and dispose of the now used wipes. When the shower was complete, with bare hands, HHA 4 assisted the patient in transferring out of the shower and into a nearby chair, assisted with towel drying the patient off to dry the skin, and aided in dressing the patient by assisting with putting on a new brief and fresh clothes.

At no time during the undressing, bathing, and dressing activities was hand hygiene performed. At no time during these activities were gloves worn by the aide.

8. In an interview on 7/12/22 at 9:30 AM with RN 3, who had been present for the home visit, when queried as to what she witnessed during the visit, spoke of the aides' attributes but refrained from speaking on infection control breaches of not wearing gloves while performing cares and not performing hand hygiene at appropriate intervals.

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9. In an interview on 7/12/22 at 11:20 AM with CEO/Owner and Administrator, they acknowledged awareness of the breaches of not wearing gloves during care and failing to perform hand hygiene at appropriate intervals, and they indicated they would be bringing in HHA 4 for coaching and re-education on these discrepancies, to ensure compliance with infection control practices going forward.			
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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 reverse for further 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.

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